

# CHILDREN'S MEDICAL GROUP, P.A.

## PATIENT AUTHORIZATION FOR PRACTICE TO RELEASE PROTECTED HEALTH INFORMATION TO THIRD PARTIES

By signing this authorization, I authorize Children's Medical Group, P.A. to use and/or disclose certain protected health information (PHI) about me/my child to or for the party or parties listed below.

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This authorization permits Children's Medical Group, P.A. to use or disclose to me or my designee the following individually identifiable health information:

- All vaccination information
- Prepared camp health forms
- Sports participation forms
- School and work excuses
- Medication administration instruction forms for school usage
- College health admission form (if under 17 years of age)

This authorization will expire on patient's 18<sup>th</sup> birthday unless otherwise noted.

When my or my child's information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Children's Medical Group, P.A. has acted in reliance upon this authorization. My written revocation must be submitted to Children's Medical Group, P.A.'s Privacy Officer at 1867 Crane Ridge Drive, Suite 101-B, Jackson, Mississippi 39216.

Signed by: **X**

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Clinic Record Number

For more information on Patient Authorizations, see the Children's Medical Group, P.A. Patient Notice. The Children's Medical Group, P.A. Patient Notice is subject to change. The Children's Medical Group, P.A. Patient Notice can be obtained from the Clinic Manager, any Children's Medical Group P.A. location or online at [www.childrensmedicalgroup.net](http://www.childrensmedicalgroup.net).