

Becker Pediatrics
41011 California Oaks Rd. #101
Murrieta Ca. 92562
951-600-2681 Fax 951-600-0131

Authorization For Disclosure Of Protected Health Information
(Failure to provide all information may invalidate this authorization)

Facility Releasing Records: **Becker Pediatrics**

Please Send Records to :

Name of Facility or Provider: _____

Address of Provider: _____

Phone Number: _____ Fax #: _____

Information to be released:

All Medical Records Imms Records Labs X-Rays

Reason Records Are to Be Disclosed:

Moving Continued Care Personal Use

The recipient of the protected health information under the authorization will not re-disclose the information, except with a written authorization or as specifically required or permitted by law.

The above healthcare providers will not condition the provision of care or receipt of benefits on the signing of the authorization.

Signing this form is voluntary. The patient or patient's representatives have the right to revoke this authorization and the right to inspect or give copy of the material to be disclosed. (For details on disclosure of information and patients rights, see HIPPA information and compliance policies available for viewing at the office)

I have read these policies and voluntarily authorize and request the disclosure above. I authorize use of a copy (including Facsimile) of this form for disclosure as described above.

Patient Name: _____ Birth Date: _____

Phone Number: _____

Signature: _____ Today Date: _____

Relationship to Patient: _____