



BECKER PEDIATRICS

Authorization for Disclosure of Protected Health Information

(Failure to provide all information may invalidate this authorization)

Facility Releasing Records: _____

Please Send Records to:

BECKER PEDIATRICS
24679 Monroe Ave. Ste D 102/103
Murrieta, CA 92562
Phone : (951) 600-2681
Fax : (951) 600-0131

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 patient's 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's Date: _____

Relationship to Patient: _____