



WATERTOWN PEDIATRICS, PC

NORTH COUNTRY MEDICAL CENTER
1571 WASHINGTON STREET, SUITE 107
WATERTOWN, NY 13601
PHONE: 315.782.7330
FAX: 315.782.5773

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

***Please be sure to fill out all information as not doing so may result in a delay of processing your medical records.

Patient's Full Name

Patient's Date of Birth

Street Address

City, State, Zip Code

Home Phone Number

Cell/Work Phone Number

I, _____, do hereby authorize WATERTOWN PEDIATRICS to use/disclose the medical records of the above named individual to the facility and/or individual specified below.

**PLEASE MARK ALL THAT APPLY

ALL MEDICAL RECORDS IMMUNIZATION RECORDS OTHER _____

I DO authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection, psychiatric care and treatment and/or drug abuse.
 I DO NOT

Release to / Obtain from:

PLEASE CIRCLE ONE

Name of individual/facility

I will pick up my records*

Address

Please mail my records

City, State, Zip

PURPOSE OF DISCLOSURE: CHANGE OF PROVIDER SWITCHING TO ADULT PHYSICIAN MOVING OUT OF THE AREA
 PERSONAL USE** OTHER PLEASE SPECIFY: _____

I hereby authorize the use and disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to by the person or class of persons or facility receiving it, and would no longer be protected by federal regulation. I understand that the medical provider whom this is authorized may not condition its treatment of me on whether or not I sign the authorization.

Signature of Patient (must be 18 or over) or Parent or legal Guardian

Date

Witness

Date

*THERE WILL BE A POSTAGE CHARGE FOR ALL RECORDS.

*FOR PERSONAL USE THERE WILL BE A CHARGE OF .75 PER PAGE PLUS POSTAGE OR \$5.00 CHARGE PER DISK PLUS POSTAGE.