



beansprout PEDIATRICS
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AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

PATIENT INFORMATION

Patient's Last Name:	First:	Middle:
Date of Birth:	Contact Number:	
Street Address:	City, State & Zip Code:	

INFORMATION TO BE RELEASED FROM:

beansprout PEDIATRICS
 Other: Organization/Person: Address:

Phone: _____ Fax: _____

INFORMATION TO BE RELEASED TO:

beansprout PEDIATRICS
 Other: Organization/Person:

Address: _____

Phone: _____ Fax: _____

PURPOSE OF RELEASE

Legal Personal Use Continuing Care Transfer to Another Provider School Other:

AUTHORIZATION FOR GENERAL RELEASE OF INFORMATION

I understand that:

- Authorizing the disclosure of this healthcare information is voluntary. I do not need to sign this form in order to assure treatment or payment.
- I can cancel this authorization by any time by written notification to beansprout PEDIATRICS. I understand that once the information has been released according to the terms of this authorization, the information cannot be recalled.
- Any disclosure of information carries with it the potential for further releases or distribution by the recipient that may not be protected by confidentiality laws.
- This authorization will expire 90 days from the date signed below unless another date or event is entered here:

Sensitive Records may require specific patient authorization. Please indicate which sensitive records you authorize us to release:
 Drug/Alcohol abuse/treatment/diagnosis Sexually transmitted diseases Mental Health Treatment HIV/AIDS diagnosis/treatment/testing

SIGNATURE OF MINOR PATIENT REQUESTED FOR THE FOLLOWING RECORDS

A minor patient's signature is required to release the following information: 1) Information related to reproductive care, such as birth control, pregnancy-related services, and sexually transmitted diseases, including HIV/AIDS (age 14 and older); 2) Substance abuse and mental health treatment (age 13 and older).

 Signature of Minor Patient Date

SIGNATURE OF PARENT/PATIENT/LEGAL REPRESENTATIVE

 Signature of Parent/Patient/Legal Representative Date

Relationship to Patient

