Standard Authorization of Use and Disclosure of Protected Health Information and Consent For Treatment

Information to Be Used or Disclosed The information covered by this authorization includes: ALL
OTHER:
Purposes of Disclosure
Information listed above will be disclosed for the following purposes:
TREATMENT PAYMENT DAY TO DAY OPERATIONS
Entity Authorized to Use or Disclose Information Information listed above will be used or disclosed by:
NORTHSIDE PEDIATRICS, P.C.
Persons to Whom Information May Be Disclosed and Consent For Treatment For My Minor Child In My Absence For Routine Care, Immunizations and/or Emergency Care:
Name of person/Relationship to Patient
Name of person/Relationship to Patient
Name of person/Relationship to Patient
Expiration Date of Authorization This authorization is effective through
Right to Terminate or Revoke Authorization You may revoke or terminate this authorization by submitting a written revocation to Northside Pediatrics, P.C You should contact the Privacy Officer to terminate this authorization.
Potential for Re-disclosure Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once Northside Pediatrics, P.C. discloses it to another party.
Rights of the Individual You may refuse to sign this authorization. You may inspect or copy information used or disclosed under this refuse to sign this authorization. Signature
Signature of Patient Representative
Relationship to Patient Date
Name of Patient Date of Birth Revised 4-29-03