

Desert Valley Pediatrics
Authorization for Release of Health Information

Phone: 623-877-7337 Fax: 623-772-0686

<input type="checkbox"/> West Valley Office 4137 N 108 th Ave Phoenix, AZ 85037	<input type="checkbox"/> At The Ball Park 3802 N 53 rd Ave Ste. 160 Phoenix, AZ 85031	<input type="checkbox"/> Goodyear Office 700 N Estrella Parkway Ste. 110 Goodyear, AZ 85338	<input type="checkbox"/> Surprise Office 15264 W Brookside Ln Ste. 155 Surprise, AZ 85374
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Patient Name: _____ **DOB:** ____/____/____
(One form per patient)

Current Address: _____
(Street) (City) (Zip Code) (State)

1. I authorize Desert Valley Pediatrics to use, disclose and/or obtain protected health information described below.
2. I authorize release of information for the period of health care:
Choose one
 All past, present and future period
 From _____ to _____
3. **Choose one:**
 (a) I authorize release of my complete health record (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse)
 (b) I authorize release of my complete health record with the exception of the following information:
 Mental health records
 Communicable diseases (including HIV and AIDS)
 Alcohol/drug abuse treatment
 Other: _____
4. I authorize Desert Valley Pediatrics to:
 Obtain this information from
 Release this information to

Name/Facility: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____

5. This authorization shall be in effect for 90 days unless otherwise specified.
6. I understand I have the right to revoke this authorization in writing at any time. I understand a revocation is not effective to the extent that any person has acted in reliance on my authorization.

By signing this form, I acknowledge that I have read it in full, understand it, and agree to its terms.

Phone #: _____ **Preferred Method (circle one):** Paper Disc

Printed Name: _____ **Relationship to patient:** _____

Signature of Patient's Parent/Guardian: _____ **Date** ____/____/____