Kids Ave Pediatrics, LLC
1720 Phoenix Blvd
College Park, GA 30349

AUTORIZATION FOR USE OR RELEASE OF PROTECTED HEALTH INFORMATION

By signing below, I hereby authorize Kids's Avenue Pediatrics Avenue Pediatrics, LLC to obtain/release information about myself/my son/my daughter that is protected under federal law, for the purpose of _____.
Information to be used or released: shot record, eye/ear/dental form, entire medical record, insurance, labs, X-Rays, physical, progress/office notes, other. (Circle One)

RELEASE INFORMATION TO:
Name of facility: KIDS AVENUE PEDIATRICS, LLC
Address: 1720 PHOENIX BLVD
City/State/Zip: COLLEGE PARK, GA 30349
Phone: (770) 909-8007
Fax: (770) 909-8005

OBTAIN INFORMATION FROM:
Name of facility _____
Address: _____
City/State/Zip _____
Phone: _____
Fax: _____

PATIENT INFORMATION:
Patient Name: _____ Day Phone No._____
Address: _____ Evening Phone No._____
City: _____ Date of Birth: _____
State/Zip: _____ SSN:_____

I understand that this records (including alcohol, drug abuse, mental status and serious infectious and communicable diseases are protected under the State and Federal Confidentiality Regulations and cannot be disclosed without my written comment unless otherwise provided for in the regulations.

I acknowledge that this consent of disclosure of information is valid for a period of ninety (90) days from the date signed by the patient or the patient's legally authorized guardian. I understand that I may revoke this consent at any time, in writing, except where disclosure has already been granted based on this consent.

By signing below, I recognize that the protected health information used or disclosed pursuant to this authorization may be subjected to re-disclosure by the recipient and may no longer be protected under federal law.

I acknowledge that I have read or had read to me and fully understand the above statements, and expressly and voluntarily consent to the disclosure of the information to the individual or agency named above.

_____ _____ _____
Patient Guardian Signature Date Staff Signature