WILDWOOD PEDIATRICS
AND ADOLESCENT MEDICINE, LLC
www.wildwoodpediatrics.com

ONE WILDWOOD MEDICAL CENTER, ESSEX, CT 06426
30 Elm Street, Old Saybrook, CT 06475

Authorization for Release of Patient-Identifiable Health Information

(Including psychotherapy notes)

Patient Name: _____ Date of Birth _____

Address: _____

1. I, _____ (requestor*) authorize the staff of Wildwood Pediatrics and Adolescent Medicine, LLC, phone 860-767-0168, fax 860-767-1803
   - ☐ To **SEND** my medical records **TO** the below named facility and any of its staff:
   - ☐ To **RECEIVE** my medical records **FROM** the below named facility and any of its staff:

     Name of facility/provider _____

     Address _____

     Phone Number _____ Fax Number _____
2. The information to be disclosed is as follows: (including dates where appropriate)
   - ☐ Entire Record *or* ☐ Partial Record (include):
     - ☐ Problem List ☐ Medication List ☐ List of Allergies ☐ Immunization Record
     - ☐ Most Recent History and Physical ☐ Most Recent Discharge Summary
     - ☐ Laboratory Results From (date) _____ to (date) _____
     - ☐ X-ray & Imaging Reports From (date) _____ to (date) _____
     - ☐ Consultation Reports From Doctors' Names _____
     - ☐ Other: _____

   For the following to be included, indicate the specific information to be released and initial below:

   ☐ Substance abuse treatment _____ ☐ Mental health diagnosis/treatment _____ ☐ HIV/AIDS-related records _____
3. The information released will be used for the following purpose (any other use is prohibited):

   ☐ Transferring Care ☐ Coordinating Care ☐ Other (please specify) _____
4. I understand that my health record may include information relating to acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavior or mental health services. I understand that I may refuse to grant the consent to release this type of information.
5. If any of the information to be released relates to treatment for alcohol and drug abuse, I understand that there are special requirements for my consent to release as found in Part 2 of Title 42 of the Code of Federal Regulations (CFR), which prohibits the further release of that information without my consent, as referenced in the federal regulations, or as otherwise permitted by law.
6. I understand that psychotherapy notes may be disclosed by my signing this authorization.
7. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the medical provider or facility that I have authorized to release my records. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire in 12 months or on the following date, event, or condition:

   _____
8. I understand that I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Medical Record manager. I acknowledge that I am signing this authorization freely, and no one has coerced or pressured me to sign the authorization.

_____ _____

Signature of Patient or Legal Guardian Signature of Witness

_____ _____

Relationship to Patient Date

Reviewed 5/22

*Medical information is sensitive, and authorization for sharing it is governed by law. By HIPAA regulations, our practice is bound by the following guidelines (as published in our Privacy Policy):

- For minor patients who have not yet reached their 13th birthday: For release of information requiring authorization (unless specifically excepted elsewhere), the **parent or legal guardian** must supply the authorization.
- For minor patients who have reached their 13th birthday, but not yet reached their 18th birthday:
  - For release of information concerning health services that s/he may lawfully obtain without parental consent, and/or where a parent/legal guardian has entered into an agreement enabling the health care professional to provide confidential care to a minor, the (minor) **patient** must supply the authorization.
  - For release of other information requiring authorization (unless specifically excepted elsewhere), the **parent or legal guardian** must supply the authorization.
- For patients who have reached their 18th birthday (or older): For release of information requiring authorization (unless specifically excepted elsewhere), the **patient** must supply the authorization.

Note that written authorization, when needed, must be originals. Except in the case of need for emergency medical treatment, faxed authorizations are not sufficient and will not be accepted.

The advent of electronic medical records has led to quite extensive records being kept, that may number in the hundreds of pages when printed on paper. In order to minimize paper consumption and redundancy, our practice routinely forwards a summary of the patient's record when asked to transfer records. If, after reviewing the summary, the (new, receiving) physician's office specifically requests further information, we print, copy and send the entirety of the record covered by the authorization.

The State of Connecticut regulates the $0.65 a page copying/handling fee for record releases. We waive that fee for our summary being sent to another physician's office. We waive the copying fee when (after review of the summary) a physician's office requests further information. For all other record releases the $0.65 a page fee applies, and is due prior to release.

We hope this information is useful.

If you have any questions, please ask one of our staff.