

Midwest
Women's & Children's
Specialty Group
an affiliate of **MEDNAX**

10550 Quivira Road, Suite #520
Overland Park, KS 66215
Phone: (913) 310-0482
Fax: (913) 894-1330

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION
TO FAMILY AND FRIENDS

I authorize the practice to discuss appointment dates, times, location, medical history, diagnosis, treatment, prognosis, financial, insurance and billing information with those listed below. I understand that my or my child's healthcare provider will use his/her judgment in sharing this information in order to foster continuity of care. The release of copies of medical records will require a signed HIPAA-compliant authorization. This permission will be considered on-going until I indicate otherwise in writing.

PHI may be released to the following individuals: List Name/DOB/Phone:

	<i>NAME</i>	<i>DOB</i>	<i>Phone Number</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Yes No The practice staff have my permission to share my or my child's personal health information with family members or others who are in the room with me/us during appointment.

The practice staff have my permission to leave messages concerning treatment (i.e., LAB Results) on my: (Please check all that apply)

Home Voice Mail or Answering Machine Home Phone number: _____

Cell phone Cell phone number: _____

Work Voice mail Work phone number: _____

NO INFORMATION: I do not authorize the release of any verbal information (other than appointment reminders to the numbers(s) that I have provided).

Print Name of PATIENT

Print Name of Authorized Representative (Guardian or Parent)

Patient/Authorized Representative Signature

Date Signed

Authorized Representative's authority to act on the Patient's Behalf:

Parent/legal guardian

Power of Attorney