



Ptarmigan Pediatrics, LLC

3543 E Meridian Park Lp, Ste A, Wasilla, AK 99654
907-357-4543 (ph); 907-357-4533 (fax)



Authorization to Release and Use Patient Health Information

By signing this authorization, I authorize Ptarmigan Pediatrics, LLC to receive records from or disclose records to (as indicated below) certain protected health information for the purpose of providing continued medical care for my child, at my request. I understand my signature on this form is completely voluntary and is not a requirement for treatment in this clinic.

Child's Name: _____ Date of Birth: _____

This authorization permits Ptarmigan Pediatrics, LLC to [] Request records be sent from... [] Send records to...

- 1.) _____
2.) _____
3.) _____

... the following individually identifiable health information (choose those that apply):

- [] Complete medical records, to include mental health records if applicable
[] Current physical and immunization records
[] Particular dates of service: From ___/___/___ to ___/___/___
[] Other: _____

For records being sent from Ptarmigan please check one box: [] Mail (see below) [] Pickup [] Paper [] CD [] Fax: _____

Mailing Address: _____

Records may contain sensitive information regarding drug, alcohol, or mental health treatment, as well as AIDS/HIV status, sexually transmitted diseases, genetic testing, etc. If required, the signature of the minor below also indicates consent.
Minor Patient Signature: _____ Date Signed: _____

I understand that this authorization expires one year from the date the form is signed, unless I submit a written request to the clinic prior to that date. I understand that a revocation is not effective to the extent that information has already been used or disclosed in reliance on this Authorization. I understand that information used or disclosed pursuant to this Authorization may be used or disclosed by the recipient and may no longer be protected by federal or state law.

Printed Name of Parent or Legal Guardian (circle one): _____

Signature of Parent or Legal Guardian (circle one): _____

Date: _____