

BRIGHTSTARTS PEDIATRICS PC

102 Essex Ct., Ste A, Madison, AL 35758
PO Box 2200, Madison, AL 35758
Ph (256)461-8442 Fax (256)461-8447

Authorization for Release of Protected Health Information

To be completed by the patient or the patient's representative

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

I hereby authorize the transfer of my confidential health information

FROM:

TO:

BrightStarts Pediatrics PC
102 Essex Ct., Ste A
Madison, AL 35758
Ph (256)461-8442 Fax (256)461-8447

Phone #/Fax #

Method of Transfer

Copies by Mail

Copies by Fax

Copies to be picked up

List of Records to be transferred:

Medical Immunizations Mental Health X-Ray Lab reports All Records

Patient's Signature

Date

Signature of Parent or Personal Representative

Date

Name of Parent or Personal Representative

Relationship to Patient