



3721 Lynn Road, Suite 104 Raleigh, NC 27613

Office: 919 825-3600 Fax: 984 200-6001

Authorization to Use/Release/Disclose Health Information

Please complete one form per child

Please Note: We can serve your child better if we receive your child's previous Medical Records prior to your first scheduled appointment. Established patients of Dr. Mack may schedule visits before their records arrive at Mack Pediatrics.

I hereby authorize the use, release and/or disclosure of my health information as described below.

Patient Name: _____ Date of Birth: ____/____/____

Organization(s) Providing the Information:	Organization Receiving the Information:
Name (i.e. Spring Pediatrics): _____	Mack Pediatrics
Street: _____	3721 Lynn Road, Suite 104
City/State/Zipcode: _____	Raleigh, NC 27613
Phone _____ Fax _____	Phone 919-825-3600 Fax 984-200-6001

I authorize this information to be sent to Mack Pediatrics at the above address:

Copy of specified medical records: first and last wellness check, last sick/problem visit, immunization record, medication list, allergies, problem list, and diagnosis list.

- I have the right to revoke this Authorization, in writing, at any time by notifying Mack Pediatrics. Such revocation will not apply to information that has already been disclosed in reliance of this Authorization.
- I have the right not to sign this Authorization. Mack Pediatrics will not condition treatments, payment for services or enrollment or eligibility for benefit on whether I sign this Authorization.
- The Organization Providing the Information may deny in writing your request to inspect and/or copy your records in limited circumstances. You may request a review of the denial in writing. Another licensed health care professional, chosen by them, will conduct a review of the denial.
- I have read and understand this Authorization, have had the opportunity to have my questions answered, have signed this Authorization freely and, if requested have received a copy of it.
- This Authorization expires one year after the date below unless otherwise specified: _____

Signature: _____ Name: _____ Date ____/____/____

Relationship to Child: _____