

**BRIARCLIFF PEDIATRIC ASSOCIATES**

*Affiliated with Children's and Women's Physicians of Westchester*

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

PATIENT(S) NAME \_\_\_\_\_

1. I authorize to use or disclose the above name individual's health information as directed below.
2. The type and amount of information to be used or disclosed is as follows:  
\_\_\_\_\_ list of allergies                      \_\_\_\_\_ immunization record  
\_\_\_\_\_ most recent physical                \_\_\_\_\_ laboratory results  
\_\_\_\_\_ x-ray and imaging reports
3. I understand the information in my health record may include information relating to sexually transmitted disease, behavioral or mental health services, and treatment for alcohol and drug abuse.
4. This information may be disclosed to and used by the following individual or organizations for the purpose of referrals or faxing information requested:  
Hospitals, Day Care Providers, Schools, and Sports Programs.
5. I understand that I have the 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 health information management department. I understand that the revocation will not apply to information that has already been released in response to the 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.
6. I understand that authorizing the disclosure of health information is voluntary. 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 CFE 164.524. If I have any questions about disclosure of my health information, I can contact the Office Manager.

\_\_\_\_\_  
Signature of Patient or Legal Representative                      \_\_\_\_\_  
Date

\_\_\_\_\_ by checking here, this authorization will remain in effect until withdrawn in writing.