



Colonia Office 795 Inman Ave Colonia, NJ 07067 Ph: (732) 396-0700 Fax: (732) 396-0701	Plainfield Office 120 W 7 th St. Ste 203 Plainfield, NJ 07060 Ph: (908) 757-8687 Fax: (908) 757-8685
--	--

Authorization to Release Medical Information To Individuals/Family Members

In accordance with Federal government privacy rules implemented through the *Health Insurance Portability and Accountability Act (HIPAA)*, in order for your healthcare provider or staff of Kids Care Pediatrics to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

_____ **I Do Not** authorize **Kids Care Pediatrics** to release any or all information concern my medical care to any individual except as set for above.

_____ **I Do** authorize **Kids Care Pediatrics** to verbally release any or all information concerning my medical care to the following individuals:

Please print:

_____ Name	_____ Relationship to Patient
_____ Name	_____ Relationship to Patient
_____ Name	_____ Relationship to Patient
_____ Name	_____ Relationship to Patient
_____ Patient Name	_____ Date of Birth
_____ Legal Representative (if applicable)	_____ Relationship
_____ Signature	_____ Date