

CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION

I consent to disclosure of the following protected health information about my child to the following family member(s) or person(s) involved in my child's care or payment for my child's care:

List names other than parents. If no one else should receive this information, please write "No one."

Check all that may apply:

- All of my child's medical information
- Information necessary to schedule appointments for my child
- Lab or test results
- Information necessary to provide, call in or pick up prescriptions for my child
- Information necessary to help my child's family member(s) take care of my child
- Information necessary to allow my child's family member(s) to pick up or arrange for medical equipment to be provided for my child
- Information necessary to bill for or submit claims for care provided to my child to government or private insurance payors

My consent will remain in effect as long as my child is a patient of Blue Ridge Pediatrics, LLP unless and until I notify Blue Ridge Pediatrics, LLP in writing of any changes.

Patient's Name

Signature of Patient or Representative

Date

Print Name

Relationship to Patient

Although allowed under HIPAA, North Carolina law does not permit release of PHI outside of the Hospital unless required by law, pursuant to a court order or patient authorization, or for treatment, payment, or health care operations purposes as defined and limited by HIPAA. There is no exception for family members except for residents of a nursing home. The North Carolina physician-patient privilege statute, N.C.G.S. § 8-53, and HIPAA allow verbal authorization or consent for release, respectively, of information to family members. However, the better practice is to document the patient's consent in order to have clear evidence of the patient's intent. The package does not include a consent or authorization to release PHI to other providers or to insurance companies or others since most providers already have such forms. The contents of this form can be combined with such existing consent forms.