

## Authorization for disclosure of copies of protected health information to third parties

*This form authorizes Texas Children's Hospital to disclose copies of a patient's protected health information to third parties. A patient wishing to view his/her own information must complete a patient request for access form. Please see the instruction page (attached) before completing this form.*

I. Patient's name: \_\_\_\_\_ Date of birth (include year): \_\_\_\_\_

Patient's mailing address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City, State, ZIP, or postal code: \_\_\_\_\_ Dates of service: \_\_\_\_\_

II. Check the reports to be disclosed: (Please refer to copy fees on instruction page.)

Abstract - includes face sheet, discharge summary, history and physical exam, operative and pathology reports, consultation reports, radiology reports and EEGs

Or:

Discharge summary

Operative reports

History and physical exam

Clinic/outpatient record

Consultation reports

Which clinic or doctor? \_\_\_\_\_

Progress notes

Billing claim forms

Radiology reports

Itemized statement of charges

Laboratory reports

Other, specify: \_\_\_\_\_

Pathology reports

All information

Or, for mental health records (may require physician/psychologist approval):

Psychiatric/mental health records

LSC/CAP records

Neuropsychological testing

Other, specify: \_\_\_\_\_

All information

\*Please note that currently Texas Children's Hospital can provide only paper copies for most reports.

III. Send the copies to: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

IV. The information described above may be disclosed for the purpose of: \_\_\_\_\_

V. I authorize Texas Children's Hospital ("Texas Children's") to disclose the information described above. I understand:

- This authorization expires 180 days from the date of my signature unless I specify otherwise.  
Expiration: \_\_\_\_\_
- I may revoke this authorization at any time by notifying Texas Children's in writing. If I revoke the authorization I understand that it will have no effect on actions Texas Children's took in good faith before receiving the revocation.
- If the person or entity that receives the information is not a healthcare provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by those regulations.
- The information released may contain information related to AIDS or HIV infection; drug or alcohol abuse; mental or behavioral health or psychiatric care, except for psychotherapy notes.
- Texas Children's reserves the right to verify my identity/guardianship.
- I will be charged for the copies requested.
- I understand that Texas Children's may not condition treatment or payment on my completion of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

\*\*\*\*\*/\*\*\*\*\*

Mail or deliver }  
completed }  
form to }  
Release of Information, MC 1-3225  
Health Information Management  
Texas Children's Hospital  
6621 Fannin Street  
Houston, TX 77030

For more information, contact Release of Information  
Medical Record Dept., 832/824-1634, -1651, or -1670.  
or Patient Accounting 832/824-2300

## Instructions for the authorization for disclosure of protected health information form

The patient's authorization is required in order for Texas Children's Hospital ("Texas Children's") to disclose or release to third parties copies of information from the patient's medical and/or billing records maintained by Texas Children's. All authorizations must be submitted in writing and include the information documented on the "Authorization for Disclosure for Protected Health Information" form. If the patient is a minor child, the legally authorized representative (e.g., parent) must authorize disclosure. (Patients wishing to view or obtain copies of their own information should fill out a different form, the Patient Request for Access form.)

Please follow the instructions below when filling out the Authorization form.  
Numbers I-V refer to Sections I-V of the form.

### ***I. Who is the patient?***

*Give the identifying information for the patient (or yourself, if you are the patient) so that we can locate the proper information. Fill in name, birth date, address, and dates of service for the hospitalization, treatment, test, or visit. If you do not know the exact dates of service, give a close range of dates.*

### ***II. Which information should be sent?***

*Place a check mark by the reports for which copies are needed. Do not mark "All Information" without considering the cost of the copies. (See the fees for copies below.)*

### ***III. Where should we send the information?***

*Give the name, address, and phone number of the person or organization that you want to receive the information.*

### ***IV. For what purpose is the information being released?***

*In other words, why does this person (or organization) need the patient's information? Give a brief reason.*

### ***V. Have you given us your permission?***

*We must have your authorization (permission) in writing to disclose your information. Please read the statements and sign to give your authorization. If you do not understand any of these statements you may call the Release of Information Office for more information.*

***Copy fees:*** *You will be billed for copies according to state law. If fees are owed, a bill will be sent to you by mail. Once payment is received, Texas Children's will provide the copies as requested.*

<u># of Pages</u>	<u>Amount</u>	Records on microfilm:	<u># of Pages</u>	<u>Amount</u>
1-10	\$42.54 flat fee		1-10	\$64.81 flat fee
11-60	1.43 per page		11 and up	1.43 per page
61-400	.71 per page			
401 and up	.37 per page			
		Plus any applicable postage fees.		

*Fees as per Texas Health and Safety Code Chapter 241.154, effective October 10, 2008.*

***Texas Children's will provide you with a copy of the completed Authorization form at no charge upon your request.***

For more information, contact Release of Information, Medical Record Dept., 832/824-1634, -1651, or -1670; or Patient Accounting 832/824-2300.