



**HIPAA/AUTHORIZATION TO RELEASE MEDICAL INFORMATION
TO FAMILY MEMBERS, FRIENDS, AND/OR LEGAL REPRESENTATIVE**

In accordance with federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we must obtain your authorization in order for healthcare providers or staff to release to your designee any information about your or your child’s medical condition or medical needs. For our office, this release may also serve as authorization for these family members or designees to accompany your child to the clinic for care in the event that you are not able to bring them.

- I **DO NOT** authorize Thompson River Pediatrics and Urgent Care to release any information concerning my or my child’s medical care to any individual except as set forth above or in the HIPAA Privacy Notice.
- I authorize Thompson River Pediatrics to verbally release relevant medical information concerning my or my child’s medical care to the following individuals.
- I further authorize the following individuals to accompany my child to the office of Thompson River Pediatrics and Urgent Care in the event that I am unable to do so.

_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient

I have received the HIPAA Notice of Privacy Practices for Thompson River Pediatrics and Urgent Care.

Patient Name: _____	Date of Birth: _____
Parent/Legal Guardian Name: _____	
Signature: _____	Date: _____
Relationship to Patient: _____	

Witness Signature: _____	Date: _____
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Employee Documentation of Good Faith Effort

Give a reason if signed acknowledgment is not obtained:

- Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but the patient/parent/legal guardian declined to acknowledge the receipt of the Notice of Privacy Practices.
- Patient/parent/legal guardian stated they had already received the Notice of Privacy Practices.
- The Notice of Privacy Practices was mailed to the patient/parent/legal guardian.
- Other: _____