



**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 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. Thompson River Pediatrics endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients’ clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the <CORHIO> HIE, or cancel an opt-out choice, at any time.

- 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.

<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>Parent/Legal Guardian Name:</b> _____	
<b>Signature:</b> _____	<b>Date:</b> _____
<b>Relationship to Patient:</b> _____	
<b>Witness Signature:</b> _____	<b>Date:</b> _____

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: \_\_\_\_\_