

**Omaha Childrens Clinic**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Patient Information:**

\_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(PRINT NAME OF PATIENT)

**Information to be released from:**

**Name of Organization or Provider**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information to be sent to:** Name of Provider/Organization/Self: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Information to be released: (please check one)**

The most recent 2 years of information. (Chart notes, immunizations, labs, x-rays, and special tests)

All medical records

Specific information (Please specify): \_\_\_\_\_

**Purpose for which information is being used: (please check one)**

Attorney  Insurance  Changing Doctors  Personal  Referral

**Patient Authorization:**

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

Please initial the following to have the information **excluded** from the records:

Drug/Alcohol abuse/treatment diagnosis  HIV/AIDS Diagnosis/treatment/testing

Sexually Transmitted Disease

**My Rights:**

I understand I do not have to sign this authorization in order to obtain health care benefits (treatment, payment, or enrollment). I may revoke this authorization in writing. To view the process for revoking this authorization, please read the Privacy Notice to patients at the facility where your information is being released. I understand that once the health information I have authorized to be disclosed reaches the recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy Laws. This authorization will EXPIRE 90 days from date signed.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Patient, Guardian, or Authorized Representative\*)

\*There is a .50 per page charge to release records for personal use.