SUNFLOWER
PEDIATRIC | BEHAVIORAL | HEALTH

Authorization to Disclose Protected Health Information

_____ _____

Patient's Name Date of Birth

_____

Parent or Guardian's Name

I, the undersigned, hereby authorize Sunflower Pediatric Behavioral Health to

Disclose ____ Obtain ____

Protected Health Information from the individual's clinic record with:

_____

Name of Individual, Provider, Agency, or School

_____

Address City State Zip

_____

Phone Fax

The following information may be included**: (please initial on the line)**

____**Medical**: Medications prescribed, evaluation, case notes, treatment reports, test results including but not limited to labs and EKG results.

____**Academi**c: School personnel contact, report cards, testing results, evaluation results, teacher contact, behavior observations, IEP's, 504 plans.

____**Psychological**: Evaluation reports, test results, case notes, letters.

This information may be sent by: **(please initial on the line)**

____**Verbal/Phone**

____**Fax** (If records are inadvertently received by an unauthorized recipient, through no fault of the sender, I waive claim against the sender)

____**Email** (If records are inadvertently received by an unauthorized recipient, through no fault of the sender, I waive claim against the sender)

By signing below, I understand that this authorization is effective for twelve months from the date on which it was signed.
I understand that I may revoke this consent at any time by sending a written notice to the above-named practitioner.
I understand that any information released prior to any revocation and which was because of this authorization will not constitute a breach of confidentiality.

I understand that I may review the disclosed information by contacting Sunflower Pediatric Behavioral Health, P.A., 913378-1061.

_____ _____

Signature of patient or parent/guardian Date Signature of Witness Date

The confidentiality of this information is protected by Federal Laws including the Health Insurance Portability and Accountability Act of 1996 and the Code of Federal Regulations, as well as Kansas Law which requires that disclosure can only be made pursuant to the written authorization of the patient or the patient's legal representative. The unauthorized disclosure or re-disclosure of mental health information is unlawful. Civil/criminal penalties may apply.