

Pediatric Endocrine and Wellness Center, PA

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

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Phone: (305) 935-2441

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HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

Your signature below indicates that you have received a copy of the Pediatric Endocrine and Wellness Center, PA's HIPAA Notice of Patient Privacy Practices.

Also please let us know who we may share your child's PHI with:

Mother () Father () Pediatrician ()

Other: (for example: school nurse, grandparents)

Please also let us know if it is OK to leave a detailed message containing PHI at :

Home's voicemail () Cell phone's Voicemail () Email ()

Child's Name

DOB

Parent/Guardian Signature

Date

Print Name