



Coeur d'Alene
700 W. Ironwood Drive, Suite 155
Coeur d'Alene, ID 83814
(208) 667-0585

Post Falls
1300 E. Mullan Avenue, Suite 1000
Post Falls, ID 83854
(208) 777-1330

Hayden
9095 N. Hess Street
Hayden, ID 83835
(208) 772-8940

PATIENT AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION TO THIRD PARTIES

By signing this authorization, I authorize Coeur d'Alene Pediatrics to use and/or disclose certain protected health information (PHI) about myself/my child to or for the party or parties listed below.

This Authorization permits Coeur d'Alene Pediatrics to use or disclose to

(Person or Entity to receive the information)

the following individually identifiable health information (specifically describe the information to be released, such as date(s) of service, level of detail to be released, origin of information, etc.), and/or check the indicated boxes below.

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- ☐ Sign medical records release forms
 - ☐ Pick up and/or refill prescriptions
 - ☐ Discuss any medical and/or billing needs with Coeur d'Alene Pediatrics staff
 - ☐ Sign for immunizations

This authorization will expire on _____.
(Expiration Date or Defined Event)

When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing to the extent that Coeur d'Alene Pediatrics has acted in reliance upon this authorization. My written revocation must be submitted to the Coeur d'Alene Pediatrics Privacy Officer at 700 W. Ironwood Drive, Suite 155, Coeur d'Alene, Idaho 83814.

Signature of Patient or Legal Guardian

Relationship to Patient

Date

Patient's Name (printed)

Patient's Date of Birth