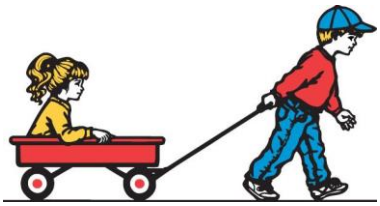

Pediatric Associates of Johns Creek, P.C.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO FAMILY MEMBERS FOR PATIENTS 18-26 YEARS OF AGE

Many of our patients (age 18 & over) allow family members such as their parent(s), grandparents or others to discuss medical information, request prescriptions, vaccine information, medical records, results of tests, pick up forms, etc. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have any of your medical information released to family members you must sign this form. Signing this form will only give consent to release said information to the individuals indicated below.

I, _____, _____, _____
(Patient Name) (Date of Birth) (Phone Number of Patient Age 18 & over)
authorize representatives of Pediatric Associates of Johns Creek, PC to share and/or release information to:

1. Name_____Relationship_____Phone Number_____
   Check all that apply:
   O Regarding appointments, time & date O Discuss Lab Results O Discuss Vaccines
   O Discuss medical care, an issue or concern O Request and pick up/fax prescriptions/forms

2. Name_____Relationship_____Phone Number_____
   Check all that apply:
   O Regarding appointments, time & date O Discuss Lab Results O Discuss Vaccines
   O Discuss medical care, an issue or concern O Request and pick up/fax prescriptions/forms

3. Name_____Relationship_____Phone Number_____
   Check all that apply:
   O Regarding appointments, time & date O Discuss Lab Results O Discuss Vaccines
   O Discuss medical care, an issue or concern O Request and pick up/fax prescriptions/forms

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☐ **I DO NOT WANT PEDIATRIC ASSOCIATES OF JOHNS CREEK, PC TO SHARE OR RELEASE MY INFORMATION TO ANYONE OTHER THAN MYSELF.**

I understand that I have the right to change this authorization, in writing, at any time by sending a written notification to this office.

_____ _____
Patient Name Date

_____
Signature of Patient

4310 JOHNS CREEK PKWY ● SUITE 150 ● SUWANEE, GA 30024 ● TELEPHONE 770-476-4020 ● FAX 770-476-1674