

# Elmwood Pediatric Group

## Patient Authorization for Use and Disclosure of Protected Health Information

1. **Authorization:** By signing below, I authorize the Elmwood Pediatric Group to use and/or disclose to the person or entity named, the protected health information (PHI) described below.
  
2. **Purpose:** This authorization is granted for the following purpose:
  - ( ) Transferring care to another physician
  - ( ) Providing information to a specialist or consulting physician
  - ( ) other \_\_\_\_\_
  - ( ) I do not wish to indicate the purpose for the use or disclosure of PHI, this authorization is at the request of the undersigned.
  
3. **Expiration Date / Event:** This authorization is valid until \_\_\_\_/\_\_\_\_/\_\_\_\_ or until the following event \_\_\_\_\_  
If this authorization is for use or disclosure of PHI for research, including the creation and maintenance of a research database or research repository, I may indicate an expiration date of “end of research” \_\_\_\_\_ or “none” \_\_\_\_\_.
  
4. **Limitations:** In addition to the above, the following is/are other criteria or limitations that I make regarding this authorization:  
\_\_\_\_\_  
\_\_\_\_\_
  
5. **Voluntary Act:** I expressly acknowledge that this authorization is voluntary.
  
6. **Pre-Conditions:** I understand that the Elmwood Pediatric Group may not condition the provision to me of treatment on my signing this authorization, except in the following situations:
  - (a) if the treatment is research-related only; or
  - (b) if the treatment is solely for the purpose of creating PHI to be disclosed to a third party.
  
7. **Research:** I understand that access to PHI that was created or obtained by the practice in the course of research that includes treatment may be temporarily suspended for so long as the research is in progress, but will be reinstated on completion of the research. I agree to denial of access to PHI in that circumstance.
  
8. **Marketing:** I authorize the practice to market products and services to me, if the practice discloses to me whether it receives remuneration from the third party whose product or service is being marketed. The practice will inform me by checking the following that applies: remuneration – yes ( ) ; remuneration – no ( ).



