

Canterbury Pediatrics, P.C.

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Monroe, CT 06468

Phone 203.452.1063 Fax 203.445.8926

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

In general, the HIPPA 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 is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

- Home Telephone _____
 - Okay to leave a message with detailed information
 - Leave a message with call-back number only

- Mobile Telephone _____
 - Okay to leave a message with detailed information
 - Leave a message with call-back number only

- Written Communication
 - Okay to mail to my home address
 - Okay to fax to: _____

I give Canterbury Pediatrics permission to have my PHI discussed with the following person/people:

Name	Relationship	Phone Number
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Patient's Name: _____

Date: _____

Patient's Signature: _____

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