

TRANSFER OF RECORDS TO UNIFOUR PEDIATRICS PA

PATIENT AUTHORIZATION TO USE OR DISCLOSE

PROTECTED HEALTH INFORMATION

(Use ONLY if you are transferring care to Unifour Pediatrics, PA - David M. Millsaps MD, FAAP)

I, _____ understand that:

Parent's Name (or patient's if over 18)*

Catawba Pediatric Associates PA
240 18th Street Circle SE
Hickory, NC 28602

Catawba Pediatric Associates PA
108 Doctors Park
Lincolnton, NC 28692

is authorized by me to use or disclose my child's* protected health information for the purpose of transferring my child's* healthcare to Unifour Pediatrics PA (David M. Millsaps MD, FAAP). I have read this authorization and understand what information will be used or disclosed, who may use or disclose this information, and the recipient(s) of that information. I specifically authorize any current employee or owner of **Catawba Pediatric Associates PA** to disclose my child's* protected health information as described on this form **to Unifour Pediatrics PA**. I understand that when the information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected health information. (* = *if patient over 18 yrs, substitute "my" for "my child's"*)

The patient's entire medical record or Other:

Send records (by postal mail ... or hand-deliver) to:

David M. Millsaps MD, FAAP
Unifour Pediatrics PA
P.O. Box 1347,
Hickory, NC 28603-1347

I fully understand and accept the terms of this authorization.

Parent's Full Signature (or Patient's if over 18)*

Date

Patient's Full Name

Date of Birth

SEND THIS FORM TO THIS ADDRESS:

David M. Millsaps MD, FAAP
Unifour Pediatrics PA
P.O. Box 1347,
Hickory, NC 28603-1347

OR HAND-DELIVER TO:

David M. Millsaps MD, FAAP
Unifour Pediatrics PA
directly across the street from:
Catawba Valley Medical Center
Phone 828-328-1118, FAX 828-328-1119

CALL 328-1118 IF YOU NEED ADDITIONAL RECORDS TRANSFER FORMS