

A Bright Future Pediatrics

2100 Hedgcoxe Road Suite 190 Plano, Texas 75025 (972) 208-8668 Fax (972) 208-3186

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name _____ Date of Birth _____

Parent Name _____ Phone Number _____

I authorize and request teacher input using CHADIS questionnaires to adequately assess my child's function during school:

RELEASE INFORMATION FROM:

Teacher Name _____

Teacher Email _____

Teacher Name _____

Teacher Email _____

RELEASE INFORMATION TO:

A Bright Future Pediatrics

2100 Hedgcoxe Rd, Suite 190

Plano, Tx, 75025

Main 972-208-8668

Fax 972- 208-3186

(If there are 2 teacher CHADIS questionnaires needed, please include that on this release.)

Records to be released:

- CHADIS Vanderbilt questionnaire, school interventions

I understand that the information released is for the specific purpose of the stated above and may not be provided in the whole or in part to any other agency, organization, or person. This consent will expire one (1) year after the date of the signature.

I understand that I may revoke this authorization in writing at any time to the extent that A Bright Future Pediatrics has already relied on this authorization. I understand that I may revoke this authorization by providing A Bright Future Pediatrics Release of Information Department a written request for revocation stating my intent to revoke this authorization.

I will not hold A Bright Future Pediatrics liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation.

Signature of Patient or Legal Representative

Date

Relationship to Patient