

A Bright Future Pediatrics

7211 Preston Road Suite T 3700 Plano, Texas 75024 (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:	RELEASE INFORMATION TO:
Teacher Name _____	A Bright Future Pediatrics
Teacher Email _____	7211 Preston Rd T 3700 Plano, Texas, 75024 Main 972-208-866 Fax 972- 208-3186
Teacher Name _____	
Teacher Email _____	

(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