

FNA, P.C.
Outpatient Practice Sites Instructions for Completion of the
“Authorization to Use and/or Disclose Protected Health Information” form

If you are requesting medical or billing records to be released to someone other than yourself, complete all sections of the Authorization to Use and/or Disclose Protected Health Information form. An Authorization form must be completed in its entirety before medical or billing information may be released.

1. Print the name and address of the FNA health care provider or practice site that is to release the medical or billing records.
2. Print the name and address of the person or entity that is to receive the medical or billing records, in the “To use/disclose medical information to” section.
3. Print the name of the patient, including middle initial.
4. Print the patient’s medical record number, if known.
5. Print the patient’s date of birth.
6. Print the date(s) of service of the health care information you would like released. If you do not know the specific dates of service, provide an approximate date range.
7. Print the patient’s or legal representative’s phone number where a staff member may contact you should there be any questions regarding your request.
8. Print the reason or purpose for the disclosure of medical or billing information.
9. Check the space next to each type of medical or billing information you wish to disclose to the recipient. If you do not see the type of record you wish to disclose, please describe it in the space “Other, describe”.
10. Read and initial (if you agree) to disclose specially protected health information (such as drug or alcohol abuse, psychiatric or mental illness or HIV/AIDS).
11. Fill in an expiration date or expiration event. If this is left blank, the Authorization will expire 1 year from the date the form is signed.
12. On the signature line, sign your name if you are the patient or patient’s legal representative.
13. Print today’s date.
14. Print the patient’s name or your name if you are the patient’s legal representative.
15. Print your relationship to the patient if you are not the patient.
16. Retain a copy of the completed Authorization form for your records.

If you have any questions regarding your request, please contact the outpatient site at which services were received.

Pediatric Lung Center (703) 289-1410	Pediatric Infectious Disease (703) 226-2280
Pediatric Sleep Center (703) 226-2290	Pediatric Surgical Group (703) 560-2236