CHRISTIANA CARE

Communication Authorization Form

Office name Christiana Care Pediatric Associates
Address street 4735 Ogletown Stanton Road
MAP II Suite 1116
City State zip Newark, DE 19713

Primary Care Provider:

Patient Name:
Date of Birth:
Centricity #:
SMS #:
MRN # :

Patient Name: (print) _____ **Date of Birth:**_____

My personal health care information is protected under the Health Care Information Privacy Protection Act (HIPPA). In order for health care professionals to communicate about my health with any other non-health care professionals related to my care, I must name those persons as authorized to receive information about me and my health care.

I authorize Christiana Care to communicate my health information to person(s) of my choice concerning my identity, diagnoses, treatments and financial status related to the following health care services:

□ All information in my health care record at the Christiana Care Health System.

Or, if not all information**, please check specific items that we may share with authorized persons.**

□ Behavioral Health- Mental Status, Substance Abuse	□ Genetic	□ Other Specialty Care: _____
□ Cancer	□ HIV	_____
□ Diagnostic Tests – Lab, Blood, Xray, MRI, Mammogram, other Radiology	□ Obstetrics and Gynecology – Pregnancy, other gynecology	_____
□ Financial Status/ Billing Records	□ Primary Care: Immunizations, preventive care, chronic conditions, treatment plans with primary care provider (PCP).	_____

Authorized Persons:

Name (please print clearly)	**Relationship**	**Phone number**

Expiration of this authorization:

This authorization does not expire. It is the responsibility of the patient to modify or revoke this authorization and may be done at any time. To modify or revoke this information please provide a written request to the office at Christiana Care listed at the top of this form; or, visit the office and request a change in Communication Authorization in person.

_____
Patient Signature **Date of Authorization**

_____
Witness Signature **Date of Authorization**

An electronic or photocopy of the signed communication authorization form is as valid as the original