

## Children's Hospital of The King's Daughters Health System 601 Children's Lane, Norfolk, VA 23507-1910

MR #:
-------

		DATE OF BIRTH:	
AUTHORIZ	ZE: Children's Hospital of The King's Daughters	s Health System, Inc.(CHKDHS)	
TO DIOO! O	601 Children's Lane, Norfolk, VA 23507-19		
TO DISCLO	request of a parent)	e patient identified above that is to be disclosed at the	
	[ ] through discussion, the patient's health	and health care treatment.	
CHECK	<ul><li>any and all of the medical records per hospital or clinic.</li></ul>	[ ] any and all of the <b>medical records</b> pertaining to the treatment of the patient seen in the hospital or clinic.	
ALL THAT	<ul><li>[ ] any and all of the bills/billing statement hospital or clinic.</li></ul>	[ ] any and all of the <b>bills/billing statements</b> pertaining to the treatment of the patient seen in the hospital or clinic.	
APPLY	[ ] any and all of the medical records per	taining to the treatment of the patient seen in the	
	hospital or clinic on or about	20	
		nts pertaining to the treatment of the patient seen in the	
	hospital or clinic on or about	20	
,	s)/Legal Guardian(s) Name(s):		
Print Name	1:	Print Name 2:	
Address:		Address:	
City/State, Z	Zip:	City/State, Zip:	
Fax Number:			
	er:	Fax Number:	
		Fax Number: the individual [ ] Other (specify):	
NOTE: The puinformation url	FOLLOWING PURPOSE: [ ] At the request of purpose is not required if the disclosure is requested inder the Federal Substance Abuse Confidentiality Required that any disclosure of health information carried	the individual [ ] Other (specify):  by the patient unless the disclosure concerns substance abuirements.  s with it the potential for an unauthorized re-disclosure are (NOTE: The recipient may be prohibited from disclosing substan	
NOTE: The puinformation url I understance the information I understance this authoriz my insurer wein writing ar Daughters, ( birth of the pation	courpose is not required if the disclosure is requested inder the Federal Substance Abuse Confidentiality Requested that any disclosure of health information carried tion may not be protected by federal privacy rules ation under the Federal Substance Abuse Confidentiality defined that I may revoke this authorization at any time that I may revoke this authorization at any time that I may revoke this authorization at any time that I may revoke the authorizatio	by the patient unless the disclosure concerns substance abuirements.  s with it the potential for an unauthorized re-disclosure are an except to the extent action has been taken in response not apply to my insurance company when the law provide I understand that if I revoke this authorization I must do stormation Management, Children's Hospital of The King. The written revocation must be legible and include the name and date to of the health information covered by the revocation, the person/entity on with legal authority for authorization/revocation, and if not the patient	
NOTE: The puinformation understand the information the information understand this authorizmy insurer win writing ar Daughters, (birth of the pationger authorizedescription of the pations of the pation	courpose is not required if the disclosure is requested inder the Federal Substance Abuse Confidentiality Required that any disclosure of health information carried tion may not be protected by federal privacy rules ation under the Federal Substance Abuse Confidentiality did that I may revoke this authorization at any time traction. I also understand that the revocation will with the right to contest a claim under my policy. In the difference of the process of the receive the information, the signature of the person their legal authority for authorization/revocation, and their phase traction is to go into effect, and their phase their legal authority for authorization/revocation, and their phase tractions.	by the patient unless the disclosure concerns substance abusirements.  s with it the potential for an unauthorized re-disclosure ares. (NOTE: The recipient may be prohibited from disclosing substancy Requirements.)  e except to the extent action has been taken in response not apply to my insurance company when the law provide I understand that if I revoke this authorization I must do stromation Management, Children's Hospital of The King. The written revocation must be legible and include the name and date to of the health information covered by the revocation, the person/entity on with legal authority for authorization/revocation, and if not the patient.	
NOTE: The puriformation understand the information understand this authorized in writing ar Daughters, (o) birth of the pationger authorized escription of the pation understand understand understand	collowing purpose: [] At the request of the purpose is not required if the disclosure is requested inder the Federal Substance Abuse Confidentiality Required that any disclosure of health information carried tion may not be protected by federal privacy rules ation under the Federal Substance Abuse Confidentiality of that I may revoke this authorization at any time traction. I also understand that the revocation will with the right to contest a claim under my policy. In the date the revocation is to go into effect, a description to the receive the information, the signature of the person their legal authority for authorization/revocation, and their pherization will expire when I reach the age of 27 and that I may refuse to sign this authorization and	by the patient unless the disclosure concerns substance abuirements.  s with it the potential for an unauthorized re-disclosure are so (NOTE: The recipient may be prohibited from disclosing substancy Requirements.)  e except to the extent action has been taken in response not apply to my insurance company when the law provide I understand that if I revoke this authorization I must do stormation Management, Children's Hospital of The King The written revocation must be legible and include the name and date to of the health information covered by the revocation, the person/entity in with legal authority for authorization/revocation, and if not the patient one number.)	
NOTE: The punformation urlanderstand the information and understand this authorized within a management of the pation of the pat	courpose is not required if the disclosure is requested inder the Federal Substance Abuse Confidentiality Required that any disclosure of health information carried tion may not be protected by federal privacy rules ation under the Federal Substance Abuse Confidentiality did that I may revoke this authorization at any time traction. I also understand that the revocation will with the right to contest a claim under my policy. In the did that I may written revocation to Health Info 601 Children's Lane, Norfolk, VA 23507-1910. (In the date the revocation is to go into effect, a description described to the receive the information, the signature of the personal their legal authority for authorization/revocation, and their physical reach will expire when I reach the age of 27 to the receive the information of the age of 27 to the receive the age of 27 to the receive the information of the age of 27 to the receive	by the patient unless the disclosure concerns substance abusirements.  s with it the potential for an unauthorized re-disclosure ares. (NOTE: The recipient may be prohibited from disclosing substancy Requirements.)  except to the extent action has been taken in response not apply to my insurance company when the law provide. I understand that if I revoke this authorization I must does formation Management, Children's Hospital of The King. The written revocation must be legible and include the name and date of the health information covered by the revocation, the person/entity on with legal authority for authorization/revocation, and if not the patient, one number.)  Years unless otherwise revoked or specified here:  that my refusal to sign will not affect my ability to obtain	
NOTE: The punformation ur understand the information understand this authorized my insurer won writing are Daughters, court of the pationger authorized escription of the This author understand reatment, por purpose of the punderstand the	courpose is not required if the disclosure is requested inder the Federal Substance Abuse Confidentiality Required that any disclosure of health information carried tion may not be protected by federal privacy rules ation under the Federal Substance Abuse Confidentiality did that I may revoke this authorization at any time exation. I also understand that the revocation will with the right to contest a claim under my policy. In the result of the revocation is to go into effect, a description fent, the date the revocation is to go into effect, a description fent, the date the revocation is to go into effect, a description fent, the date the revocation is to go into effect, a description fent, the date the revocation is to go into effect, and their phase to the receive the information, the signature of the person their legal authority for authorization/revocation, and their phase rization will expire when I reach the age of 27 and that I may refuse to sign this authorization and payment, or my eligibility for benefits.	by the patient unless the disclosure concerns substance abuirements.  s with it the potential for an unauthorized re-disclosure are an experiments.  see (NOTE: The recipient may be prohibited from disclosing substancy Requirements.)  see except to the extent action has been taken in response not apply to my insurance company when the law provide. I understand that if I revoke this authorization I must do stormation Management, Children's Hospital of The King The written revocation must be legible and include the name and date in of the health information covered by the revocation, the person/entity on with legal authority for authorization/revocation, and if not the patient one number.)  Years unless otherwise revoked or specified here:  that my refusal to sign will not affect my ability to obtain	

CHKD Form 2644 MR Rev 05/24