



Authorization to Disclose Protected Health Information

(Release information from ATC to the patient’s physician, school, Infant Toddler Program, etc.)

PATIENT INFORMATION		
Patient’s Name:	Birthdate:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

I hereby authorize Advanced Therapy Care and any of their affiliated entities, employees, agents, or associated health care practitioners to use or disclose the patient’s protected health information as described below.

1. Advanced Therapy Care may use or disclose information relating to the patient’s care during the following relevant time period:

- All past, present and future dates
- From _____ to _____.

2. I authorize Advanced Therapy Care to release information to the following entities:

- Physician: _____
- Idaho Infant and Toddler Program
- Idaho Virtual Academy
- Service Coordination Agency: _____
- School District: _____
- Other: _____

STATEMENT OF UNDERSTANDING
<p>I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to Advanced Therapy Care. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand that unless I revoke this authorization as stated above, this authorization will expire at discharge date unless I have specified a different date of expiration. I understand that the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to receive treatment from Advanced Therapy Care. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure by the recipient and the re-disclosure may not be protected by federal confidentiality rules. I have a right to limit the information disclosed.</p>

Parent/Guardian Signature

Date