Little Steps Pediatrics, LLC

MEGHAN ROBINSON, PNP
PEDIATRICS

575-405-4062
robinsonmegpnp@gmail.com
1990 E. Lohman Ave. Ste. A, Las Cruces, NM 88001

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS

In Accordance with Federal government privacy rules implemented through the Healthcare Information Portability Accountability Act of 1996 (HIPAA), in order for your physician or the staff of Little Steps Pediatrics, LLC to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

_____I do not authorize Little Steps Pediatrics, LLC to release any or all information concerning my medical care to any individual except as set forth above.

_____I authorize Little Steps Pediatrics, LLC (verbally) and/or (written) to release any or all information concerning my medical care to the following individuals:

_____ _____
Name & Relationship to Patient Phone Number

_____ _____
Name & Relationship to Patient Phone Number

_____ _____
Name & Relationship to Patient Phone Number

_____ _____
Patient or Guardian Signature Date

_____ _____
Witness Date

ACKNOWLEDGEMENT FORM

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have provided an opportunity to review it.

Patient or Guardian Signature _____

Date _____