

**VIP Midsouth, LLC**  
**AUTHORIZATION TO COMMUNICATE**  
**MINOR'S HEALTH INFORMATION TO**  
**FAMILY AND OTHER INDIVIDUALS**

<b>PATIENT IDENTIFICATION</b>	
Name:	_____
Date of Birth:	_____
S.S.#:	_____
Medical record #:	_____

I authorize VIP physicians, nurses, and other personnel to share the following health information with the family members or other individuals listed below to assist in the coordination of my child's care or payment for my child's care:

<b>TYPE OF INFORMATION : Please indicate the type of information to be released.</b>		
<b>A = All</b>	<b>M = Medical</b>	<b>B = Billing or Financial      S = Appointments or other scheduling.</b>
<b>NAME</b>	<b>RELATIONSHIP TO PATIENT</b>	<b>Type Code</b>
_____	_____	_____
_____	_____	_____
<b>Describe any legal proceedings that might impact any individual's right to access the patient's information.</b>		
_____		
<b>Specific Instructions or Limitations:</b>		
_____		
_____		

**Validation Code:** \_\_\_\_\_ Please provide this code to any individual authorized to receive health information about my child. They will be asked for this code before information will be released over the phone. I understand that my refusal to sign this authorization will not affect my child's ability to obtain treatment. I understand that I may revoke this authorization in writing at any time by notifying the Medical Information Services Office (address provided below), but if I do, it will not have any effect on actions VIP Midsouth, LLC has taken in reliance on this authorization prior to receiving the revocation. This authorization will expire when the minor patient reaches the age of 18. I understand that the information released may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health information.

**Signature of Parent/ Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

To revoke this authorization, please send a written request with a copy of this form to the address below:

VIP Midsouth  
 648 Hartsville Pike  
 Gallatin, Tennessee 37066  
 Attn: Medical Records