Pediatric Associates of Avon
Release Authorization

The physicians and staff at Pediatric Associates of Avon take the privacy of your health information seriously. We will not release a patient's health information outside of the allowed exceptions spelled out in our Notice of Privacy Practices without your written permission.

By signing below, I permit Pediatric Associates of Avon to disclose certain protected health information (PHI) about my child to the party or parties listed below.

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Patient Printed Name Date of Birth

_____
Witness