



Authorization to Release/Request Confidential Information To Primary Care Provider

Client Name: _____ Date of Birth: _____
[] Released and/or [] Requested

- [] I do authorize Boys Town to contact/communicate with my child's / my Primary Care Provider.
[] I do NOT authorize Boys Town to contact/communicate with my child's / my Primary Care Provider.

To/From (of Primary Care Provider/Clinic)

Name: _____
Clinic: _____
Address: _____
Phone: _____ Fax: _____
email address is only required if this is the means of disclosure
Email address: _____

Release Format: [] Paper [] Electronic

Release Method: (check all that apply): [] Email [] Mail [] Fax [] Pick up [] Verbal [] Other: _____

By signing this authorization form, I understand that:

- I have the right to revoke this authorization at any time. Revocation must be made in writing to Boys Town Records, at the address listed below. Revocation will not apply to information that has already been disclosed in response to this authorization.
Unless revoked, this authorization will expire in one (1) year from the date signed or on the following date/event whichever occurs sooner. Date _____ or Event _____
Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether I sign this authorization.
Any disclosure of information has the potential for re-disclosure, and may not be protected by federal confidentiality rules.
Requests for copies of records may be subject to fees in accordance with applicable law.
If I request release by unencrypted email or another unsecure method, I have been warned of and accept the security risks to the information associated with the unsecure transmission, and Boys Town is not responsible for breach notification or liable for disclosures that occur in transit.

Print Client Name
(if a minor, person authorized to sign for Client)

Signature of Client
(if a minor, person authorized to sign for Client)

Relationship to Client

Date

Boys Town Records: 1655 Palm Beach Lakes Boulevard, Suite 102
West Palm Beach, FL 33401

Phone Number: 561-612-6056
Fax Number: 561-612-6097