Southside Family Practice

230 Beiser Blvd., Suite 200
Dover, Delaware 19904
Phone: 302-735-1880
Fax: 302-735-1884

28 Deak Drive
Smyrna, Delaware 19977
Phone: 302-659-3800
Fax: 302-659-3850

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Authorization for Use or Disclosure of Protected Health Information

Previous Provider — please give us the practice name, address, phone and fax so we can request your records.

Practice / Provider Name:	Phone:
Address:	Fax:
Records requested: ☐ Complete record ☐ Last 5 years ☐ Last 2 years ☐ Other: _____	

Person Authorized to Receive Information:

Information listed will be disclosed to:

Southside Family Practice, P.A.
230 Beiser Blvd., Suite 200
Dover, DE 19904 · Fax: 302-735-1884

Purpose of Disclosure

Information listed above will be disclosed for the following purpose:

TRANSFER OF MEDICAL CARE

Expiration Date of Authorization:

This authorization is effective through ____ / ____ / _____ unless revoked or terminated earlier by the patient (or the patient's personal representative). If left blank, this authorization expires one year from the date signed.

Right to Terminate or Revoke Authorization:

You may revoke or terminate this authorization at any time by submitting a written revocation to Southside Family Practice. Revoking it does not affect information already released.

Rights of the Individual:

☐ You may inspect or request a copy of information used or disclosed under this Authorization.

☐ You may refuse to sign this authorization.

Name of Patient (Please Print) **Date of Birth**

Signature of Patient/Guardian **Date**