



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

All areas designated by an arrow are REQUIRED for valid authorization.

MRC

JUN 12 2018

1 I authorize Children's Hospital, New Orleans / to receive from to release to

INFORMATION REGARDING:

2 SPECIFIC NAME OF HOSPITAL, PHYSICIAN, SERVICE AGENCY OR THIRD PARTY
Jeffrey Thomas Bodin

3 STREET ADDRESS CITY STATE ZIP CODE
528 Beau Chene Dr Mandeville LA 70471

Mail Email : jeffreybodin713@gmail.com

Patient's Name: Jeffrey Thomas Bodin

Patient's Date of Birth: 05/22/1997

Service Dates: 05/01/2018 - 01/01/2019

4 I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION:

- Abstract (H&P, OP, DS, Rad, Lab, Con)
- Adolescent Behavioral Health
- Audrey Hepburn CARE Center
- Billing Information
- Clinic Notes
- Complete Clinic Record
- Other: Any records relating to cancer treatment 2008
- Complete Hospital
- Consultation(s) (Con)
- Diagnosis, including alcohol and drug abuse
- Discharge Summary (DS)
- Emergency Room Record (ER)
- History and Physical Report (H&P)
- Lab Reports (Lab)
- Radiology Results (Rad)
- Results of HIV testing
- Report of Operation (OP)

5 I AUTHORIZE the release of HIV test results. I understand I am authorized by law to allow or refuse to allow the release of HIV Test Results. An HIV Test Result is the original document, or copy thereof, transmitted to the medical record from the laboratory or other testing site with the result of an HIV-related test. It does not include any other note, notation, diagnosis, report, or other writing or document.

I AUTHORIZE the release of HIV test results. I DO NOT AUTHORIZE the release of HIV test results.

6 This information is to be released for the purpose of:

- Continuation of care
- Treatment in the facility indicated above
- Legal services
- Academic Case Study/Journal Story
- Insurance request
- Other (please specify purpose) Records Purposes

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the medical records department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____ If I fail to specify an expiration date, event or condition, this authorization will expire in one year.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 42.164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the hospital's Privacy Officer.

7 Signatures & Date(s) Required

Patient, Parent/Guardian of Minor or Legal Representative Signature X <u>Jeffrey Bodin</u>	Phone Number Home / Cell (985) 520-4713 / (985) 272-8989	
Relationship to Patient or Title of Legal Representative <u>mother</u>	Date MM/DD/YY <u>05/29/18</u>	Time 00:00 am/pm <u>1 : 56 PM</u>
Witness Signature X <u>Yvonne D.P. Bodin</u>	Date MM/DD/YY <u>05/29/18</u>	Time 00:00 am/pm <u>1 : 56 PM</u>

Electronic Media Requested Language Line: Declined Interpreter's # _____

CD Processed Name: _____ Date: _____

Scan to PT Auth

33-75122-3 | (07/16) Revised | PDF | 55

RELEASE OF INFORMATION Authorization for Records



R10020

Louisiana
DEPARTMENT OF TRANSPORTATION

PERSONAL DRIVER'S LICENSE



UNDER 21 UNTIL
05-22-2018

DOB 05-22-1997

ISSUE DATE 04-05-2016

AUDIT 7048
OFFICE 299
PARISH 52

SEX M
HGT 5' 07"
WGT 118
EYES BLUE

**BODIN
JEFFREY THOMAS**
528 BEAU CHEVE DRIVE
MANDEVILLE, LA 70471-0000

LICENSE/CLASS EXPIRATION DATE

01086233 E 05-22-2022

ENDORSEMENTS
NONE

RESTRICTIONS
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