CHILDREN'S HOSPITAL

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

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

PLACE PATIENT'S LABEL HERE

0445573

1 *I authorize* ➡ NAME OF HOSPITAL / PHYSICIAN: **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: 528 Beau Chene Dr | CITY: Mandeville | STATE: LA | ZIP CODE: 70471

☑ *Mail* ☑ *Email :* jeffreybodin713@gmail.com

Patient's Name: Jeffrey Thomas Bodin

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

Service Dates: 01/01/2008 - 01/01/2019

4 ➡ ***I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION:***

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

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.

This information is to be released for the purpose of:

6 ➡

☐ 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 ➡ *Signature(s) & Date(s) Required*

Patient, Parent/Guardian of Minor or Legal Representative Signature	Phone Number Home / Cell	
X Jeffrey Bodin	(985) 520-4713 / (985) 272-8989	
Relationship to Patient or Title of Legal Representative	**Date** MM/DD/YY	**Time** 00:00 am/pm
mother	5 / 11 / 18	8 :28 AM PM
Witness Signature	**Date** MM/DD/YY	**Time** 00:00 am/pm
X Jennifer D.R. Bodin	5 / 11 / 18	8 :20 AM PM

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

☐ *CD Processed Name:* _____ *Date:* _____

☐ *Scan to PT Auth*

Louisiana

PERSONAL DRIVER'S LICENSE

UNDER 21 UNTIL
05-22-2018

DOB 05-22-1997

ISSUE DATE 04-[redacted]16

AUDIT 7048[redacted]

OFFICE 299

PARISH 52

SEX M

HGT 5' 07"

WGT 118

EYES BLU[redacted]

BODIN
JEFFREY THOMAS
528 BEAU CHENE DRIVE
MANDEVILLE, LA 7047[redacted]6000

LICENSE NO	CLASS	EXPIRATION DATE
010862[redacted]	E	05-22-2022

ENDORSEMENTS
NONE

RESTRICTIONS
01