

Healthy Roots Pediatrics
27 Hilliard Street, Manchester CT 06042
Phone: 860-646-3903 Fax: 860-645-3492

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

I authorize:

Name: _____

Address: _____

Phone: _____

Fax: _____

to speak with our providers regarding my/my child's medical care and treatment including office visits, psychiatric counseling and laboratory testing.

Patient Name _____ DOB ____/____/____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____

OFFICE USE ONLY

Requesting Provider: _____

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