EXHIBIT 3

AUTHORIZATION FOR RELEASE OF INFORMATION

Must be completed for all authorizations

I hereby authorize the use or disclosure of my health information as described below. By signing this authorization, I authorize Pediatric & Adolescent Associates to use and/or disclose certain protected health information (PHI) about me to the entity listed below.

Patient Name: _____ D.O.B.: ___/___/___ Patient Name: _____ D.O.B.: ___/___/___

Patient Name: _____ D.O.B.: ___/___/___ Patient Name: _____ D.O.B.: ___/___/___

Organization/Persons receiving the information: (Please list name and address.)

_____

This authorization permits Pediatric & Adolescent Associates to use and/or disclose the following individually identifiable health information about me (specifically describe the information to be used or disclosed, such as date(s) of service, type of services, level of detail to be released, origin of information, etc.):

_____

_____

For the following purpose: (If transferring records to another primary care physician, please list reason if any.)

_____

I do not have to sign this authorization in order to receive treatment from Pediatric & Adolescent Associates. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer at 3050 Harrodsburg Road, Lexington, KY 40503.

I understand that this authorization will expire within 30 days of date authorizing or with the following event:

_____

_____ _____ _____

Signature of Patient or Legal Guardian Print name Date

_____

Relationship to the Patient

(We are required by law to provide one free copy of your medical records. Any additional copies will be done at a charge of $1.00 per page.)

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