I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of my treatment at St. Christopher's Hospital for Children; except, however, if my treatment at St. Christopher's Hospital for Child is for the sole purpose of creating health information for disclosure to the recipient identified in this Authorization, in which case St. Christopher's Hospital for Children may refuse to treat me if I do not sign this Authorization.

I understand that this Authorization will remain in effect until the term of this Authorization expires or I provide a written notice of revocation to **St. Christopher's Hospital for Children** Privacy Office at the address listed below. The revocation will be effective immediately upon St. Christopher's Hospital for Children receipt of my written notice, except that the revocation will not have any effect on any action taken by St. Christopher's Hospital for Children in reliance on this Authorization before it received my written notice of revocation.

I may contact St. Christopher's Hospital for Children's Privacy Office by mail at Erie Ave and Front Streets, Philadelphia, PA 19134, by telephone at215-427-3872 or by email at SCHC-PrivacyOffice@tenethealth.com.

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize St. Christopher's Hospital for Children to use or disclose my health information in the manner described above.

_____ _____

Signature of Patient **Date**

If patient is a minor or is otherwise unable to sign this Authorization, obtain the following signatures:

_____ _____ _____

Signature of Personal Representative **Description of Authority** **Date**

For Internal Use Only: The identity of the requestor has been validated either with a government issued picture ID, such as a driver's license or passport, or comparison of signatures documented in the PHI records.

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Signature of employee validating identity