MARTY LYONS FOUNDATION
The courage to wish for more

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PHYSICIAN INFORMATION FORM

(Please read application instructions before completing)

Child's Name: _____ Date of Birth: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Diagnosis: _____ Date of Diagnosis: _____

Prognosis: _____ Life Threatening?: _____

Current Treatment: _____

_____

_____

Comments: _____

Are you aware of Child's "Special Wish"?: _____

If the request is for a trip, when may child travel? _____

Does child require any special apparatus (e.g. wheelchair)? _____

_____

_____

Attending Physician's Name: _____

Hospital: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

There are 4 pages required to apply for a wish: Parent Application, Physician Information Form, MLF Release and Indemnity Form and the medical facility's **Authorization to Release Healthcare Information Form** which has been generally referred to as the HIPAA form. *HIPAA NOTICE: - The United States Congress enacted the Health Insurance Portability and Accountability Act (HIPAA), which took effect on April 14, 2003. HIPAA was designed to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.* **In order to comply with this federal law, The Marty Lyons Foundation, Inc. requires that the parent/legal guardian acquire the Authorization to Release Healthcare Information Form from the medical facility where their child is receiving treatment, sign and send in as the 4th page necessary to apply for a wish.**