

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

TO REQUEST RELEASE OF MEDICAL INFORMATION PLEASE COMPLETE AND SIGN BELOW.

I, _____, hereby **voluntarily authorize the disclosure** of information from my health record.

NAME: _____ **RECORD NUMBER:** _____

DATE OF BIRTH: _____ **PATIENT SSN:** _____

INFO REQUESTED:

PURPOSE OF RELEASE:

THIS INFORMATION IS TO BE PROVIDED TO:

NAME OF PERSON/ORGANIZATION/FACILITY _____

ADDRESS: _____ **PHONE #:** _____

1. I understand that this authorization will **expire** on (insert date)_____.
2. I understand that I may **revoke** this authorization (except to the extent that action was already taken in reliance on this signed authorization) at any time by notifying (insert name of practice) in writing.
3. I understand that I can **refuse to sign** this authorization and that my refusal will not affect my ability to obtain treatment, payment or my eligibility for benefits (if applicable).
4. I may **inspect or copy** any information used or disclosed under this agreement.
5. I understand that if the person or organization that receives the information is not a health care provider or plan covered by federal privacy regulations, the information described above may be redisclosed and would no longer be protected by these regulations.

Unless you sign here, NO information about alcohol/substance abuse, HIV/AIDS or psychology notes will be disclosed. One signature required here.

Effective March 26, 2013, Psychotherapy notes will not be used or disclosed without patients' written authorization.

YES, disclose this information NO, do NOT disclose this information

PATIENT / PATIENT'S REPRESENTATIVE SIGNATURE _____

PRINTED NAME OF PATIENT'S REPRESENTATIVE _____

RELATIONSHIP TO PATIENT _____ **DATE** _____

YOU HAVE THE RIGHT TO RECEIVE A COPY OF THIS FORM

HIPAA Acknowledgement of Receipt of the Notice of Privacy Practices 2014 This form does not constitute legal advice and covers only federal, not state, law.

Under HIPAA with patients' written request, records must be provided within 30 days of a request.

Under House Bill 300 Texas Law with patient's written request, records must be provided within 15 days of a request.