

Texas Avenue Medical Clinic
Family Practice • Addiction Medicine • Geriatric Medicine
 1703 East 29TH Street Bryan, TX 77802
 979 779-4756 979 823-3018 fax

Medical Records Release Form

Name: _____ DOB: _____ SS: _____

Address: _____ Phone: _____

From/To (please circle intended direction)

Name:	Phone ()	Fax ()
Address:		

From/To (please circle intended direction)

Name:	Phone ()	Fax ()
Address:		

Purpose of Disclosure:

Continuity of Care	Attorney/Legal	Insurance	Personal Use
Transfer of Care	Other (please specify):		

Records to Include:

This authorization pertains to the disclosure of record types indicated below between following dates of services: From: _____ To: _____

Progress Notes	Lab Reports	Immunization Record	All Medical Records
Billing Note	X-Ray Reports	Other:	

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information.

Expiration: This authorization shall expire 180 days from date of signature. I understand that this authorization may be revoked by me at anytime except to the extent that action has been taken. I have the right to revoke this Authorization at any time prior to 180 days by giving the healthcare provider written notice of revocation of this Authorization. _____ *Initials*

Re-disclosure: I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act of 1996.

I understand that:

- I have the right to refuse to sign this Authorization
- I have the right to receive a copy of this Authorization
- I have the right to inspect or copy the protected health information to be used or disclosed
- Fees/Charges will comply with all laws and regulation applicable to release of information

I have read the above and authorize the disclosure of the protected health information as stated.

_____ Date _____ Signature of Patient/Parent/Guardian _____ Relationship to Patient

