plaza OB/GYN www.plazaobg.com PH: 713.522.3333 FX: 713.522.4434 1801 BINZ STREET, SUITE 500 HOUSTON, TEXAS 77004

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

PRINT NAME_____ BIRTHDATE____/____/____
CURRENT ADDRESS_____
HOME PHONE_____WORK PHONE_____

I authorize information released from:

_____
Name of Clinic

_____
Name of Physician

_____
Address

_____
City, State, Zip
Phone No. _____Fax No. _____

Please send my records to:

_____ _
Facility to Receive Information

_____ _____
Title/Physician, Healthcare Facility

_____
Address

__ _____
City, State, Zip
Phone No. _____Fax No. _____

PURPOSE OF RELEASE:___Changing MD/Clinic___Referral/Consultation___Insurance ___Personal

PERMISSION TO FAX INFORMATION: _____YES _____NO

TYPE OF INFORMATION TO BE RELEASED

1.____OB Records 3.____Laboratory Reports 5.____Pathology Reports
2.____US Reports 4. ____Operative Reports 6. ____X-Rays Reports
7.Other_____

FOR THE FOLLOWING DATES OF SERVICE: From___/___/___ to ___/___/___

PROTECTED OR SENSITIVE INFORMATION: I understand that certain information cannot be released without specific authorization as required by State/Federal Law. By signing, I authorize the release of the following protected or sensitive information:

___Drug Abuse Diagnosis/Treatment ___Alcoholism diagnosis/treatment
___AIDS/HIV test results and related information including high risk behavior documentation

AUTHORIZATION TO RELEASE INFORMATION:

_____ _____ _____ ___/___/___
Signature Print Relationship to Patient Date

This authorization is valid for six months and may be revoked by the patient (orally or in writing) at any time prior to six months.

****** THE STATE BOARD OF MEDICAL EXAMINERS, CHAPTER 165.2(b) Deadline for Release of Records require: "The requested copies of medical and/or billing records or a summary or narrative of the records shall be furnished by the physician within 15 business days after the date of receipt…." A fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.***