

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION PURSUANT TO 45 CFR 164.508

Patient Name: _____ Date of Birth: _____

Name of requestor: _____ Relationship to patient: _____

Contact phone number: _____

I, the undersigned, authorize the release of, or request access to the information specified below for the medical record(s) of the above named patient.

The following information is authorized to be disclosed (please check all that apply):

_____ Complete Medical Record _____ History & Physical Forms _____ Progress Notes
_____ Laboratory Results _____ Radiology Reports & Images _____ Hospital Records
_____ Emergency Room Records _____ Medication Records _____ Other

Reason for request: _____

TO:

Alamo Heights Pediatrics
1919 Oakwell Farms Parkway, Suite 257
San Antonio, TX 78218
Phone: 210-930-8400 Fax: 210-930-8402

FROM (previous provider):

(Practice, Doctor, Hospital)

(Phone number/Fax number)

Street Address

City, State and Zip

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that the specified information to be released may include but not limited to history, diagnosis, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including HIV and AIDS. I do understand that the office transferring the medical records has 15 days to comply with this request and that this consent shall automatically expire 180 days from the date set forth below. The patient can revoke this authorization in writing any time prior to the expiration date. I also understand that a fee for preparing and furnishing this information may be charged according to the rules set forth by the Texas State Board of Medical Examiners.

Signature of Parent, Patient or Legally Authorized Guardian

Date