



AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

243 FM 1903, Suite 800 | Greenville, TX 75402 | Phone: (903) 310-3231 | Fax: (866) 538-5188

PATIENT INFORMATION

Patient Full Name: _____ DOB: _____

Address: _____

City, State, ZIP: _____ Phone: _____

Email: _____ SSN (last 4): _____ Medical Record #: _____

RELEASE FROM (Provider / Facility)

Name: _____

Address: _____ Phone / Fax: _____

RELEASE TO (Provider / Facility or Individual)

Name: _____

Address: _____ Relationship: _____

RECORDS REQUESTED

Type of Records (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Complete Medical Records | <input type="checkbox"/> Referral Records |
| <input type="checkbox"/> Office Visit Notes | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Lab Results | <input type="checkbox"/> Billing Records |
| <input type="checkbox"/> Imaging / Radiology | <input type="checkbox"/> Prescription History |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Mental Health Records * |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Substance Use Records * |

* Additional consent may be required per state/federal law.

Date Range: From: _____ To: _____ All Records

Purpose:

- Continuing Medical Care Legal / Insurance Personal Records
 Other: _____

Delivery Method:

- Pick Up Mail Fax Secure Electronic

AUTHORIZATION & SIGNATURE

I understand that this authorization is voluntary and that I may refuse to sign. My treatment, payment, enrollment, or eligibility for benefits will not be conditioned on signing. I may revoke this authorization at any time in writing, except to the extent that action has already been taken. This authorization expires one (1) year from the date signed unless otherwise stated.

Expiration Date (if other than 1 year): _____

Patient / Authorized Representative Signature

Date

Printed Name of Representative (if not patient)

Relationship:

FOR OFFICE USE ONLY

Received By	Date Received	Date Fulfilled	Fulfilled By	Status
-------------	---------------	----------------	--------------	--------

Fulfilled Pending Denied

Notes: _____