

Health Information Management / Medical Records, 855 Montgomery, PCC 102, Fort Worth, TX 76107

Authorization for Release of Health Information

Patient Name:		Social Security #:
Date of Birth:		Phone Number:
I hereby authorize	maru Care Doctor of	Phone: or Other Specialist)
Address (City, State, ZIP):	,	
to release information to:	Dr. Geriatrics	Part 817-735-5441 Phone 817-735-3627
Address (City, State, ZIP): 755	Montgome	or St. Ft. Worth, TX 710107
PURPOSE OF RELEASE: Continuing Medical Care Insurance	□ Military □ Personal Use □ School	□ Social Security/Disability □ Other:
☐ Legal Purposes INFORMATION TO BE RELEASED	<u>D:</u>	eport
I understand that my records are confided permitted by law. Information used or disconger protected. I understand that the spectreatment of drug or alcohol abuse, mental Acquired Immunodeficiency Syndrome (AIII). I understand that treatment or payment care for participation in research programs, or a I may revoke this authorization in writing at I understand I may be charged a retrieval/1§241.152.	ential and cannot be disconsected pursuant to this autorities of communication of the release tany time except to the expressing fee for copies of and eighty (180) days from	Other: Medication List Progress Notes To: Present Sclosed without my written authorization, except when otherwise athorization may be subject to redisclosure by the recipient and necessed may include, but is not limited to: history, diagnoses, and/or bile disease, including Human Immunodeficiency Virus (HIV) and service of testing results for pre-employment purposes. I understand the extent that action has been taken in reliance upon the authorization of my medical records according to Texas Health and Safety Code me the date of my signature unless I revoke the authorization prior to the support of the support
that time, or unless otherwise specified by	date, event, or condition a	(Patient or Legally Authorized Representative)
(For Departmental Use: MRN/Acct #)		(Printed Name of Patient or Legally Authorized Representative) (Relationship to Patient)