

HIPAA Medical Records Release Form

Print or Type

Name: _____
Last First Middle

Social Security # _____ - _____ - _____ Date of Birth _____ Phone _____

Please give name and address of medical facility you are authorizing your medical records be released from:

Physician/Clinic: _____ West Texas Retina Consultants _____

Address: _____ 5441 Health Center Dr, Abilene, TX 79606 _____

Phone: 325-673-9806 _____ Fax: 325-673-9809 _____

I authorize my medical records be released to:

Name: _____

Address: _____

Phone: _____ Fax: _____

Check all records to be released

- | | | |
|--|---|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Drug/Alcohol use/abuse | <input type="checkbox"/> Labs/Test Results |
| <input type="checkbox"/> HIV (AIDES) tests/results | <input type="checkbox"/> All Medical Records | <input type="checkbox"/> Follow Up Exams |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Other (specify) _____ | |

Purpose of records being released:

- | | | |
|---|---|--|
| <input type="checkbox"/> Continuity of care | <input type="checkbox"/> Personal copy | <input type="checkbox"/> Insurance claim |
| <input type="checkbox"/> Legal claim | <input type="checkbox"/> Disability claim | <input type="checkbox"/> Other |

This authorization is in effect from _____ to _____. Upon conclusion of this time, this authorization is automatically revoked.

I understand that:

- I may refuse to sign this authorization and that my refusal has no impact on receiving treatment
- I can inspect or copy any information disclosed under this agreement
- My signing the document is voluntary
- I can revoke authorization at any time, except to the extent that the practice has acted upon this authorization and revocation must be in writing
- I can receive a copy of this authorization
- Federal laws will not cover information once it is released

Patient/Legal Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Identification of requestor of patient information is verified: Yes No Type _____