



AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient's Name: _____
(First) (MI) (Last)

Date of Birth: _____ Social Security #: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Release Information (check one):

I hereby authorize to release my medical record information to the physician or facility listed below.

I hereby authorize the physician or facility listed below to release my medical information to Gill Plastic Surgery & Dermatology.

Physician or Clinic Name: _____

Address: _____

City: _____ State _____ Zip _____

Fax: _____ Telephone: _____

Delivery Preference (check one):

Mail/fax copies to address listed above

Hold for patient pick-up

Information To Be Released (check one):

Progress notes only

Laboratory notes only

Pathology reports only

All records

Other (specify records needed): _____

Purpose for Need or Disclosure (check one):

Article 449b, Section 5.08 (j) Texas Revised Civil Statutes requires that an authorization for release of medical records include "the reason or purpose for the release".

Continued patient care

Insurance claim/application

Attorney/legal

Change of physician/relocation Other: _____

I understand that the information released is for the specific purpose stated above. I understand that my medical record may contain reports, test results, and notes that only a physician can interpret. I understand and have been advised that I should contact my physician regarding the entries made in my medical record to prevent my misunderstanding of the information contained in these entries. I will not hold any employee of Gill Plastic Surgery & Dermatology liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation. I further understand that I may revoke this consent (in writing) at any time except to the extent that action has already been taken.

Patient/Guardian Signature: _____ **Printed Name** _____ **Date:** _____

Patients requesting records for their own personal use will be charged an administrative fee of: \$25 for the first 20 pages and \$.50 for each additional page. Please allow up to 3 weeks turnaround time for processing requests..