



# Authorization for Release of Medical Records

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Release Records  TO or  FROM (check one):

Austin Primary Care Physicians  
2200 Park Bend Dr. Bldg 2, Ste 300  
Austin, TX 78758  
Phone: 512-836-5665  
Fax: 512-997-9092

or

Austin Primary Care Physicians  
11901 W. Parmer Lane Ste 300  
Cedar Park, TX 78613  
Phone: 512-652-0050  
Fax: 512-997-9092

Release Records  TO or  FROM (check one):

Facility/Doctor Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**I request a copy or summary of the following Medical Records:**

- Complete Medical Records
- Diagnostic Lab/X-Ray
- Hospital Records
- Other \_\_\_\_\_
- All

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndromes (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

\_\_\_\_\_ Yes, I consent to the release of this information.

\_\_\_\_\_ No, I do not consent to the release of this information.

Any other use of this information without the written consent of the patient is prohibited. However, I understand that any disclosure of information carries with it the potential for un-authorized re-disclosure and the information may not be protected by Federal confidentiality rules. I understand that I may revoke this authorization at any time by notifying my physician in writing. I understand that the revocation will not apply to information already released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to consent a claim under the policy.

This authorization will remain valid as long as I am under the care Austin Primary Care Physicians.

\_\_\_\_\_  
Signature of Patient / Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient (if legal Representative)

\_\_\_\_\_  
Date