

# Authorization For Use or Disclosure of Medical Record Information Round Rock OBGYN



## Patient Information

Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Release Information: TO: FROM:

Name/Facility: \_\_\_\_\_ Round Rock OBGYN  
 Address: \_\_\_\_\_ 4112 Links Ln. Ste. 205 Phone: \_\_\_\_\_ 512-255-7762  
 City: \_\_\_\_\_ Round Rock State: \_\_\_\_\_ TX Zip: \_\_\_\_\_ 78664 Fax: \_\_\_\_\_ 512-255-7761

Purpose of Request:  Personal  Continuing Care (second opinion or refer to specialist)  Insurance  Legal  
 Transferring Out/Reason? \_\_\_\_\_  Other \_\_\_\_\_

## Release Information: TO: FROM:

Name/Facility: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

## Information to be Released

Please release the following information:

All Records       Lab Reports       Immunization Records  
 Progress Notes       Medications       Specialist Reports  
 History & Physical       Radiology Reports       OB Records  
 Problem List       Other (specify) \_\_\_\_\_

Please initial this box if you **DO NOT** want HIV tests and related information released. If you omit this box, this protected information will be released to the provider, or by the provider at their discretion.

\_\_\_\_\_  
 Patient's Signature Date\*

\_\_\_\_\_  
 Parent/Legally Recognized Representative Signature Date\*\*

\_\_\_\_\_  
 Witness Date

**Know Your Privacy  
Rights**  
 Refer to the HIPPA  
"PRIVACY NOTICE"

\*This authorization is valid for 90 days (30 days for alcohol/drug abuse treatment) unless you specify otherwise. You may revoke this Authorization at any time by providing a written statement to RR OBGYN, except to the extent that RR OBGYN has already completed action on it.

\*\* By my signature, I attest that I am the legally recognized representative of the above mentioned patient in accordance with the following:

The information release pursuant to this Authorization may be redisclosed by the receiving institution or individual to other individuals or organizations that are not subject to privacy protection laws. RR OBGYN will not condition treatment on payment of the provision of this Authorization.