



## AUTHORIZATION FOR OBTAINING MEDICAL RECORDS

Patient Name \*Last: \_\_\_\_\_ \*First: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Social Security Number: XXX – XX - \_\_\_\_\_

**\*Must be completed in order to release information**

I hereby authorize the release of information concerning my treatment from:

\*Facility Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Reason for Request: \_\_\_\_\_

**\*Information Requested:**

- Entire Record
- Immunization Record Only
- Other (specify) \_\_\_\_\_

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the individual or organization releasing information. 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 contest a claim under my policy. Unless otherwise revoked, this authorization expires 180 days upon completion of this request.

*THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION, WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENERAL DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASE SUCH AS HEPATITIS, SYPHILLIS, GONORRHEA, HUMAN IMMUNODEFICIENCY VIRUS (HIV), AND ACQUIRED IMMUNE DEFICEINCY SYNDROME (AIDS). I ALSO UNDERSTAND THAT PSYCHIATRIC (INCLUDING DEPRESSION) AND/OR CHEMICAL DEPENDENCY CONDITIONS AND/OR MEDICATIONS FOR THESE CONDITIONS MAY BE CONTAINED IN MY MEDICAL RECORDS AND CANNOT BE SEPARATED DURING PROCESS OF COMPLYING WITH MY REQUEST FOR SUCH INFORMATION.*

\_\_\_\_\_  
\* Date

\_\_\_\_\_  
\*Signature of Patient or Parent/Guardian of Minor Child

**FOR OFFICE USE ONLY:**

Date Received by Records Department: \_\_\_\_\_ Initials: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Secure Fax: Yes / No

Date Request Completed: \_\_\_\_\_ # of pages copied: \_\_\_\_\_ Charges: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

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