Authorization To Disclose Protected Health Information

Patient's Full Name:		Date of Birth:		
Address:				
City, State, Zip Patient's Phone No.		Alt Phone		
REASONFOR DISCLOSURE	(Choose only One Option Below)			
	Personal Use Attorney/Legal	□ Other		
Lauthorize the following t	o Disclose the individual's protec	cted Health Information		
	Dr or Facility Name			
	Address			
		City, State & Zip		
	Phone #	Fax	×#	
Who can receive and Use th	e health information			
	Ramsey Pediatric	Center Karla S Ramsey, MD		
		rthwest Freeway Suite 250		
	•	ypress, Texas 77433		
	Phone 281-469-4378	Fax 281-469-7355		
WHAT INFORMATION CAN BE DISCLOS		tems that you want disclosed. The signature of a minor patient is require tion is to be released, then check only the first box	d for the release of some of these	
☐ All Health Information	□ Progress Notes □	□ Lab/Radiology Reports		
☐ Immunization Records		□ Medical Summary □ Other		
Your Initials are required to re	lease the following information:			
Mental Health Records	Drug, Alcohol, or Substance Abuse Rec	cords HV/AIDSTest Results/Treatment		
This Authoristics will evoirs or	n the 180th day of the signing unless a l	lessor date is specified here:		
RIGHTTO REVOKE I understand	that I can withdraw my permission at an "WHD CAN RECEIVE AND USETHE HEALTH	ny time by giving written notice stating my intent to revoke the high state of the stating my intent to revoke the high state of the state of the high state of the state of t		
form does not stop disclosure of permission, including disclo	of health information that has occurred posures to covered entities as provided by	es and disclosures of the information as described. I understa prior to revocation or that is otherwise permitted by law with Texas Health & Safety Code § 181.154(c) and/or 45 C.F.R. § 16 re-disclosure by the recipient and may no longer be protect	nout my specific authorization 4.502(a)(1). I understand that	
Signature				
	Signaute of Individual or Individual's Legal	ally Authorized Representative	Date	
	•); nt of minor Guardian Other		
_		es of information, including for example, the release of inform or substance abuse, and mental health treatment (See, e.g., To		
Signature				
	Signato of Minor In	orfinini ed	Date	