



# Authorization to Release Protected Health Information

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First MI) (MM/DD/YYYY)

I hereby authorize and request **Kingwood Pines Hospital**, HIM Department, to provide medical records to/ receive from:

Facility: \_\_\_\_\_ Regarding the referenced medical record dates of  
Person: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Kingwood Pines Hospital, HIM Department  
City/ State/ Zip: \_\_\_\_\_ 2001 Ladbroke Drive  
Telephone: \_\_\_\_\_ Kingwood, TX 77339  
Fax: \_\_\_\_\_ Telephone: 281-404-1022, Fax: 281-312-1983

### Preferred Delivery Method:

- Pick-up  U.S. Postal Service  Fax

### The following information: (Check all that apply)

- Discharge Summary  Psychiatric Evaluation  History and Physical  
 Discharge Summary Plan  Consultation  Lab/ Radiology Reports  
 Other (Specify): \_\_\_\_\_

### Purpose for the disclosure: (Check all that apply)

- Determine Eligibility (SS Disability, etc.)  Continuity of Care/ Monitor Medical Status  
 Admission/ Intake/ Placement/ Transfer  Legal Proceedings  
 Personal Use  Other (Specify): \_\_\_\_\_

I understand that my medical record may include information regarding diagnosis and treatment of **DRUG, ALCOHOL, PSYCHIATRIC DISORDERS, SEXUALLY TRANSMITTED DISEASES, HIV OR AIDS INFORMTION.**

**I understand that the requested copies will be subject to a reasonable fee as set forth in the Texas Health and Safety Code, Chapter 241.** I understand that I have the right to refuse to sign this authorization and that my refusal will not result in the physician conditioning the provision of healthcare with the following exception: Refusal to sign this authorization, if it is for disclosure of information created for the sole purpose of disclosure to a third party, may result in the doctor declining to provide the healthcare. I understand that I am entitled to receive a copy of this authorization.

This authorization is valid for the period of no longer than reasonably necessary to serve the purpose for which it is given, in any event not to exceed 90 days or with the following date or event: \_\_\_\_\_

\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Legally authorized representative or Guardian Date  
\_\_\_\_\_  
Witness Signature Date

## Medical Record Fees 2016

The Texas Department of State Health Services licenses and regulates the operation of general and special hospitals in accordance with Chapter 241 of the Texas Health and Safety Code.

In accordance with Health and Safety Code, §241.154(e), the fee effective as of October 2014, for providing a patient's health care information has been decreased by 0.3% from the 2014 rate to reflect the most recent changes to the consumer price index that measures the average changes in prices of goods and services purchased by urban wage earners and clerical workers as published by the Bureau of Labor Statistics of the United States Department of Labor.

### **Health and Safety Code, §241.154(b) - (d) Provisions:**

(b) Except as provided by subsection (d), the hospital or its agent may charge a reasonable fee for providing the health care information except payment information and is not required to permit the examination, copying, or release of the information requested until the fee is paid unless there is a medical emergency. The fee may not exceed the sum of:

Service per Page	Fees
Retrieval & Processing, includes Pages 1-10	\$45.74
Pages 11-60	\$1.54
Pages 61-400	\$0.76
Pages 401 and Up	\$0.41
Shipping	Varies by actual cost of shipping
Affidavit	\$1.00
Written responses to a set of questions	\$10.00 per set

(d) A hospital may not charge a fee for:

- (1) providing health care information under subsection (b) to the extent the fee is prohibited under Health and Safety Code, Chapter 161, Subchapter M;
- (2) a patient to examine the patient's own health care information;
- (3) providing an itemized statement of billed services to a patient or third-party payer, except as provided under Health and Safety Code, §311.002(f); or
- (4) health care information relating to treatment or hospitalization for which workers' compensation benefits are being sought, except to the extent permitted under Labor Code, Chapter 408.

The statute referenced in this notice may be found on the Internet at:

Health and Safety Code, <http://www.statutes.legis.state.tx.us?link=HS>