Brazos Pain Management

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I hereby authorize the release of information from the medical record of:

Patient Name _____ DOB _____

Information to be released from:
Brazos Pain Management, P.A.
2225 Williams Trace Blvd. Suite 108
Sugar Land, TX 77478
Phone: 281-240-4300
Fax: 281-240-4353

To: _____
_____
_____
Phone:_____
Fax :_____

Please release the following:

Progress Notes _____
History/Physical _____
Lab Reports _____
Other (Specify) _____

Medication History _____
Op Reports _____
Imaging Reports _____
Imaging Films _____

Including information (if applicable) pertaining to: Mental Health _____ Drug/Alcohol _____ HIV/AIDS _____

Purpose or Need for Disclosure:

Continued Patient Care _____
Attorney/Legal _____
Disability Determination ____
Personal use _____

Insurance Claim/Application _____
Other(specify) _____

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written consent of the patient is prohibited. I further understand that I may revoke this consent (in writing) at any time except to the extent that action has been taken in reliance on it.

_____ _____
Signature of Patient or Legal Representative Date

_____ _____
Relationship to Patient (if Legal Representative) Witness (if Legal Representative)

COMPLETE ONLY IF INFORMATION IS TO BE RELEASED DIRECTLY TO PATIENT

I understand that my medical record may contain reports, test results and notes that only a physician can interpret. I understand and have been advised that I should contact my physician regarding the entries made in the medical records to prevent my misunderstanding of the information contained in these entries.

I will not hold Brazos Pain management or my physician liable for any misinterpretation of the information in my record as a result of not consulting with my physician for correct interpretation.

Checks should be made out to Texas Copy Service. We are aunlble to accept credit card transactions for copies of medical records. Any charges for records are in accordance with TEXAS MEDICAL BOARD BOARD RULES, Texas Administrative Code, Title 22, Part 9 Revised 08/10/2008 Chapter 165. Medical Records §§165.1-165.6.

_____ _____
Signature of Patient or Legal Representative Date