

Place Patient Label Here

HEALTH INFORMATION SERVICES PHONE:713-439-6136 FAX: 713-439-1134 AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient's Name Last First Maiden Birthdate Address Street City State Zip Code

Patient Identifiers Medical Record Number/Social Security Number/Account Number, etc

I authorize Name and Address of Physician/Clinic/Hospital/Other Agency/Organization to release information.

To release protected health information from the medical records of the above named patient by Fax Mail Pick Up

TO: Name and Address of Physician/Clinic/Hospital/Other Agency/Organization to receive information.

Phone # Fax #

For the purpose of: Continued Health Supervision Admittance to School Insurance Legal Other:

Type of Protected Health Information to be Released

- Immunization Tuberculosis X-Rays Case Management Emergency Room Other Hospital Records: Child Health Lead Only Lab Only OB Triage WIC/Nutrition Maternity Family Planning HIV Only OB High Risk Dental Other Delivery Birth Other

***REQUIRED: Treatment Date(s)/Date(s) of Service

I understand that the information indicated above may include HIV (Human Immunodeficiency Virus) and STD (Sexually Transmitted Disease) test results. I understand that I am volunteering to release this information. I have been told and understand that I may withdraw this release at any time and that such withdrawal will not change or prejudice my current or future health care at Harris County Public Health. I understand that this authorization is valid for the next 12 months unless I indicate an earlier expiration date here:

Earlier expiration date

I understand that I have the right to revoke this authorization in writing at any time except to the extent that action has already been taken based on it. I understand that the protected health information released based on this authorization may be re-released by the recipient and may no longer be protected when in the hands of the recipient.

Date Signature of Patient/Parent/Guardian Relationship if not Patient

FOR HCPH STAFF USE ONLY

Date Released Additional information concerning this request

Staff Initials

