

# Mansfield Pediatrics Medical Records Release Form

I hereby authorize,

Mansfield Pediatrics  
1825 Cannon Drive  
Mansfield, TX 76063  
(817) 453-7770 Fax (817) 453-7703

To release the specified information below from the medical record of

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Information may be released to the following party:

Dr./Parent \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_

INFORMATION OR MEDICAL RECORDS TO BE RELEASED BY MEANS OF THIS AUTHORIZATION  
INCLUDE THE FOLLOWING:

(list dates of admission and discharge or treatment)

History & Physical  Diagnostic Testing & Results  
 Discharge Summary  Other \_\_\_\_\_  
 Operative Record & Pathology

**Please initial space prior to following statement:**

I authorize you to INCLUDE information pertaining to the diagnosis and/or treatment of HIV testing, Aids, psychiatric illness, and alcohol and/or chemical abuse dependency.

Pursuant to the requirements of the Texas Medical Practice Act, please be advised that the purpose or reason for this release is as follows:

\_\_\_\_\_

I understand that my records are confidential and cannot be disclosed without my written authorization, except other wise provided for by law.

I also understand that records pertaining to the diagnosis and/or treatment of HIV testing, AIDS, psychiatric illness, alcohol or chemical dependency will not be released unless I have given my specific consent to release this information as indicated above.

I also understand that I may revoke this authorization at any time except that action has been taken in reliance upon it.

I understand that a photocopy or facsimile of this authorization is valid as the original.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Patient

ANY DISCLOSURE OF MEDICAL RECORD INFORMATION BY THE RECIPIENT(S) IS PROHIBITED EXCEPT WHEN IMPLICIT IN THE PURPOSE OF THIS DISCLOSURE.