

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 release 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 dated of admission and discharge or treatment)

- | | |
|---|---|
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Diagnostic Testing & Results |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Operative Record & Pathology | |

Please initial space prior to following statement:

I authorize you the 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 of reason for this release is as follows:

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

I also understand that my 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 also understand that a photocopy of 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.