Clinical Pediatric Associates of North Texas

7200 N State Hwy 161, Suite 100
Irving, TX 75039
972-331-7200 972-331-7201 fax

Release of Medical Information

To release the following information from the health record (s) of:

Patient's Name: ____ Date of Birth: _____

I hereby authorize:
(Who has the medical records)
Physician: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Information I need released:

_____ complete medical records _____immunization record _____ labs _____ other

Information is to be released to:
(Where you want medical records to go)
Physician/Clinic/Person: _____ Address: _____

City: _____State: _____ Zip: _____

Phone: _____ FAX: _____

Expiration date of authorization
This authorization is effective through _____/_____/_____ unless revoked or terminated earlier by the patient or the patient's personal representative.
Note: Please select an expiration date of your choice. As long as a current release is on file in the patient chart you do not need to fill out this form again until it expires.

Right to terminate or revoke authorization
You may revoke or terminate this authorization by submitting a written revocation to:
Clinical Pediatric Associates of Irving & Las Colinas, PA dba Clinical Pediatric Associates of North Texas,
Attn: Administrator
7200 N. State Highway 161, Suite 100, Irving, TX 75039.

Right of the individual
You may inspect or copy information used or disclosed under this authorization.
You may refuse to sign this authorization

_____

Signature of patient representative | Date | Relationship to patient

_____

Printed Name of patient representative | Daytime Telephone Number

_____

Address | City/ State | Zip Code

Potential for Re-disclosure
The person or organization to which this information has been disclosed may disclose it again under this authorization. It may not be possible to ensure your right to the protection of the privacy of this information once Clinical Pediatric Associates of Irving & Las Colinas, PA dba Clinical Pediatric Associates of North Texas discloses it to another party. The privacy of this information may not be protected under the federal privacy regulations.