

# AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION



2900 E 29th St. Suite 100, Bryan, TX 77802 (P) 979-436-0447 (F) 877-601-5854

**Privacy Notice:** The information on this form together with any attachments is the property of Texas A&M Health (TAMH). State Law requires that you be informed that you are entitled to: (1) request notification of the information collected about you by use of this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge to you.

**Instructions:** Please note that each section of this form must be completed in its entirety. Failure to specify (including dates) will delay the processing of your request. Allow 14 Business Days for Processing. Email completed form to [tamh-records@tamu.edu](mailto:tamh-records@tamu.edu)

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|----------------------|
| <b>PATIENT</b>                                                                          | <b>Patient Last Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Patient First Name</b>      | <b>Patient Middle Name</b>    | <b>Date of Birth</b> |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
| <b>RELEASED FROM</b>                                                                    | <b>Name/Organization</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | <b>Email Address</b>          | <b>Phone</b>         |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
|                                                                                         | <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | <b>City, State, Zip Code</b>  | <b>Fax</b>           |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
| Information may be:    Mailed    Faxed    Phoned    Emailed    Picked up by Name: _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
| <b>RELEASED TO</b>                                                                      | <b>Name/Organization</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | <b>Email Address</b>          | <b>Phone</b>         |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
|                                                                                         | <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | <b>City, State, Zip Code</b>  | <b>Fax</b>           |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
| <b>PURPOSE</b>                                                                          | <b>Records are to be released for the following purpose(s): (Select all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                               |                      |
|                                                                                         | <b>Medical Care Insurance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Personal Legal/Attorney</b> | <b>Other (specify): _____</b> |                      |
| <b>INFORMATION TO RELEASE</b>                                                           | <b>Indicate types of records to be released : (Select all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                               |                      |
|                                                                                         | <b>Entire Record</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Appointment History</b>     | <b>Radiology Reports</b>      |                      |
|                                                                                         | <b>Chart Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Progress Notes</b>          | <b>Radiology Images</b>       |                      |
|                                                                                         | <b>Immunizations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Lab Reports</b>             | <b>Operative Reports</b>      |                      |
| <b>Other (specify): _____</b>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
| <b>PATIENT/<br/>PARENT/LEGAL<br/>GUARDIAN<br/>AUTHORIZATION</b>                         | Unless otherwise revoked, the Authorization will expire 60 days from the date it is signed or, if specified, on the following date: _____ . This Authorization may be revoked at any time. In order to revoke the Authorization the individual/parent/legal guardian must submit a revocation request in writing to the Medical Records Department at the address below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                               |                      |
|                                                                                         | I, the undersigned, hereby authorize Texas A&M Health (TAMH) to use and/or disclose information from my (or below given relationship) medical or financial record as specified above. This authorization includes the use and/or disclosure of information concerning HIV testing, any drug or alcohol abuse, drug-related conditions, alcoholism, and/or mental health conditions to the above mentioned entity(ies). I agree not to hold TAMH, its employees, agents, officers, members, students, and participating health care providers responsible for lost, stolen, or otherwise misplaced medical information that cannot be reproduced. I understand that information disclosed pursuant to this Authorization may be subject to re-disclosure by the parties who receive my information and may no longer be protected by federal or state privacy laws. I understand that the method in which I have chosen (above) for my information to be released may or may not be secure. |                                |                               |                      |
|                                                                                         | Signature of Patient: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                               |                      |
|                                                                                         | By signing the below, I verify that I have legal right(s) to obtain the requested medical information for the patient listed above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                               |                      |
|                                                                                         | Signature: _____ Relationship: _____ Date: _____<br>Parent/Legal Guardian/Spouse/Patient Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                               |                      |
| <b>OFFICE USE ONLY</b>                                                                  | <b>Request completed by: (PRINT NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | <b>Signature</b>              | <b>Date/Time</b>     |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
|                                                                                         | <b>Released by: (PRINT NAME)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | <b>Signature</b>              | <b>Date/Time</b>     |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |
| <b>Witness (If released via telephone)</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Signature</b>               | <b>Date/Time</b>              |                      |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                               |                      |