

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL HEALTH INFORMATION

Texas Interventional Pain Specialists

Phone: 832-960-7160 Fax: 832-688-9413

PATIENT INFORMATION (Please print)

Patient Name

Date of Birth

Address

City

State

Zip

Phone

RELEASE FROM (Name of physician releasing information)

I authorize release of my medical record from:

Physician/Facility

Address

City

State

Zip

Phone

Fax

RELEASE TO: (Name of physician or facility receiving information)

Please send my medical record to:

Texas Interventional Pain Specialists/ Dr. Edward Baumgartner

Physician/Facility

17314 TX-249, Ste 100

Houston

TX

77064

832-960-7160

832-688-9413

Address

City

State

Zip

Phone

Fax

RELEASE INFORMATION

Reason: Change of Insurance

Transfer of Care

Personal File

Moving out of Area

Specialist Consultation

Other

Please release the following (check all that apply)

The information for the following time period shall be released: From: _____ To: _____

___ The entire medical record excluding mental health treatment, alcoholism treatment, drug abuse treatment, and HIV/AIDS records

To be disclosed, the following items must specifically be checked:

___ Mental Health Treatment Records

___ Drug Abuse Treatment Records

___ Alcoholism Treatment Records

___ HIV/AIDS Treatment Records

___ Lab Reports

___ Xray Reports

___ Hospital Reports

___ Other _____

CONSENT

I authorize the release of all information indicated, and I am aware that the records released may contain information relating to psychiatric or psychological testing, physical abuse, or drug and alcohol abuse. I understand that I have the right to inspect and copy the information I have authorized to be disclosed by this authorization.

Signature of patient, guardian, conservator or patient representative (please circle if not patient)

Date

This consent is valid for 90 days. It may be revoked by the signer at any time.

*Please allow 15 days for processing

*Use of this information for any other than the stated purpose is prohibited

*Incomplete information will delay processing

*This information is for the use of the designated recipient only and cannot be provided to any other agency