



Authorization for Disclosure of Health Information

1. I hereby authorize _____ to disclose the following information from the health records of:
[Name of provider]

Patient name _____ Date of birth _____

Address _____ Telephone _____

Covering the period(s) of health care:

From (date) _____ to (date) _____
From (date) _____ to (date) _____

2. Information to be disclosed:

- LAST FOUR (4) OFFICE VISIT NOTES
• Discharge summary – IF APPLICABLE
• History & physical examination – MOST CURRENT
• Progress notes – LAST FOUR (4) NOTES
• Consultation reports – LAST FOUR (4) NOTES
• Laboratory tests- LAST TWO LAB TEST
• X-ray reports- WITHIN LAST TWO YEARS
• Photographs, videotapes, digital or other images
• Other (please specify) _____

I understand that this will include information relating to (check if applicable):

- X Acquired immunodeficiency syndrome (AIDS)/human immunodeficiency virus (HIV) infection
• X Behavioral health service/psychiatric care
• X Treatment for alcohol and/or drug abuse

3. This information is to be disclosed to: [] DR. MARK MALONE [] DR. HANS BENGTON [] DR. OMAIR TOOR
[] DR. MATTHEW THORSON for the purpose of__ PAIN MANAGEMENT TREATMENT_____.

4. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:
_____.

5. The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signed:

_____(Patient) _____(Date)

Or

_____(Legal representative) _____(Relationship to patient) _____(Date)

_____(Signature of witness) _____(Date)

SOUTH OFFICE: 6000 S. MOPAC, STE 200 AUSTIN, TEXAS 78749
CENTRAL OFFICE: 6818 AUSTIN CENTER BLVD., STE 205 AUSTIN, TEXAS 78731
ROUND ROCK OFFICE: 2000 S. MAYS STREET, STE 201 ROUND ROCK, TEXAS 78664
CEDAR PARK OFFICE: 1464 E. WHITESTONE BLVD. STE 402 CEDAR PARK, TEXAS 78613
WACO OFFICE: 205 WOODHEW DRIVE, STE 203 WACO, TEXAS 76712