



7777 Forest Lane · Dallas, Texas 75230 · 972-566-4734 · 972-566-6795 Fax

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)**

1. Release of information from the hospital records of:

\_\_\_\_\_  
Patient's Name – Please print  
\_\_\_\_\_  
Date of birth or Social Security number  
\_\_\_\_\_  
Date of treatment  
\_\_\_\_\_  
Telephone number

2. I hereby authorize Medical City Dallas Hospital to release the following information to:

\_\_\_\_\_  
Doctor, hospital, Insurance company, etc. to receive information  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State  
\_\_\_\_\_  
Zip

3. For the purpose of: \_\_\_\_\_

4. Information to be released:

- Face sheet
- Emergency room records
- History and physical
- Discharge summary
- Operative report
- Pathology report
- Physician's progress notes
- Physician's orders
- Consultations
- Laboratory reports
- Radiology reports
- EKG, EEG
- Nurse's notes

Other (specify): \_\_\_\_\_

- 5. I understand specific information to be disclosed may include history of Drug or Alcohol Abuse or mental health Treatment, information concerning communicable diseases such as Human Immunodeficiency virus (HIV), and Immune Deficiency Syndrome (AIDS), laboratory test result, treatment progress, and any other such related information.
- 6. I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. This authorization will expire in 180 days from the date of my signature.
- 7. Once this information is disclosed to a third party it may be subject to re-disclosure by the recipient and may no longer be protected by this rule.
- 8. There may be a fee for copying medical records, The State of Texas has sets these fees based on the costs for providing this service.
- 9. If you are claiming to be the patient's legal representative, you must indicate that authority and provide supporting documentation.

\_\_\_\_\_  
Signature of Patient or Legal representative  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient