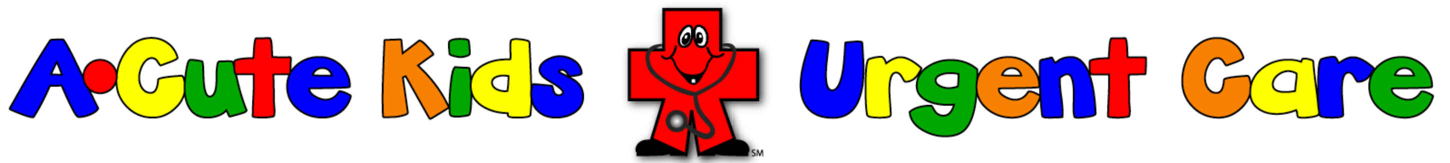

Minor Emergency and Urgent Care for *KIDS* of *ALL* Ages!

RELEASE OF MEDICAL INFORMATION FORM

Patient legal name: ________________________________DOB: __________ SS# _________________

Address___________________________________City_________________State_______Zip_________

I hereby authorize _________________________to disclose copies of the medical record information and/or protected health information of the patient listed above to:

Dr.____ at Acute Kids Urgent Care

Purpose: Further treatment and evaluation   Treatment Date: _______________________________

Specific Record requested:

Emergency Department	Discharge Summary	Laboratory
History and Physical	Physician Orders	Face Sheets
Consultation Reports	Progress Notes	Radiology Reports
Operative Reports	Nursing and Med Sheets	Pathology Reports

Expiration: This authorization shall expire on the 180th day after it is signed, unless as provided otherwise upon the expiration Date.

- I understand that I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any action taken prior to the health care facility receiving the revocation. Further details may be found in the Notice of Privacy Practices for Acute Kids Urgent Care.
- If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be disclosed.
- Copy fees/charges will comply with the Texas Health and Safety Code, Chapter 241 and all other laws and regulations applicable to release or information.
- I understand that treatment and payment are not a condition of signing this authorization. Upon request, I may receive a copy of this form after I have signed it.
- I have read the above and authorize the disclosure of the protected health information as stated.

Patient/Parent/Guardian Signature: ___________________________________ Date_______________

Please *FAX* all medical record information to:

Frisco	Plano	McKinney	Flower Mound
214-618-3921	972-300-4201	972-727-3801	469-549-0302

If you have any questions or need additional information please *CALL*:

Frisco	Plano	McKinney	Flower Mound
214-618-3920	972-300-4200	972-727-3800	469-549-0300