



# Convenient Care Family Medicine

Authorization For Release Of Medical Information

Name of Patient \_\_\_\_\_

Date of birth \_\_\_\_\_

I, the undersigned, request that a copy of the medical records and / or information specified from the medical record of the above named patient be sent from :

\_\_\_\_\_  
Name of Hospital, Facility, or Doctor's office

\_\_\_\_\_  
address city state zip

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

to Kelly S. Doggett, M.D. at Convenient Care Family Medicine, 2216 W. Washington, Stephenville, Texas, 76401, Phone # 254-965-5888, **FAX # 254-965-5865**

The reason for release of information is:(Please be Specific)

\_\_\_\_\_  
Article 4495b, Section 5.08, Texas Revised Civil Statutes, requires that the reason or purpose of the release be disclosed.

Information to be released: (Check all that apply)

- A. Only the following  Entire medical record
- Consultants report
- Medical history
- Operative report
- Dr.'s Progress notes
- Lab/xray/EKG reports  Other \_\_\_\_\_

**1. I understand that my medical records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law.**

**2. This authorization will expire(90) days from the date of my signature unless I revoke the consent prior to that time or unless specified by date, event or condition as follows: \_\_\_\_\_**

**3. I understand that these records may include drug/alcohol/ and communicable disease information, including HIV and AIDS related information, if any.**

**4. I understand that I may revoke this authorization at any time except to the extent that action has been taken in releasing authorization.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient or Legal Representative

\_\_\_\_\_  
Relationship to patient

A legal representative includes ONLY: (1) The parent of a minor patient, (2) The court appointed guardian of a minor or incompetent individual (Court Order appointing guardianship must accompany this form), (3) A person named agent for the patient under a durable power of health care, (4) The executor or administrator of the estate of a deceased patient with accompanying court order appointing executor status.