



Release of Medical Information

To release the following information from the health record (s) of:

Patient's Name: _____ Date of Birth: _____

I hereby authorize:

(who has the medical records)

Physician: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Information I need released:

_____ complete medical records _____ immunization record _____ labs _____ other

Information is to be released to:

(where you want medical records to go)

Physician/Clinic/Person: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Expiration date of authorization

This authorization is effective through ____/____/____ unless revoked or terminated earlier by the patient or the patient's personal representative.

Note: Please select an expiration date of your choice. As long as a current release is on file in the patient chart you do not need to fill out this form again until it expires.

Right to terminate or revoke authorization

You may revoke or terminate this authorization by submitting a written revocation to:

Clinical Pediatric Associates of Irving & Las Colinas, PA dba Clinical Pediatric Associates of North Texas,
Attn: Administrator
2020 W. State Hwy. 114, Suite 300 • Grapevine, TX 76051

Right of the individual

You may inspect or copy information used or disclosed under this authorization.

You may refuse to sign this authorization

Signature of patient representative Date Relationship to patient

Printed Name of patient representative Daytime Telephone Number

Address City/ State Zip Code

Potential for Re-disclosure

The person or organization to which this information has been disclosed may disclose it again under this authorization. It may not be possible to ensure your right to the protection of the privacy of this information once Clinical Pediatric Associates of Irving & Las Colinas, PA dba Clinical Pediatric Associates of North Texas discloses it to another party. The privacy of this information may not be protected under the federal privacy regulations.

Elizabeth S. Dickey, MD PhD FAAP Trung D. Tran, MD FAAP Vi Hung Pham, MD

2020 W. State Hwy. 114, Suite 300 • Grapevine, TX 76051
Appointments: 972-331-7200