Hanson Internal Medicine, P.A.

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Authorization to Release Medical Records

I________________________ authorize **Hanson Internal Medicine, P.A.** to request Protected Health Information (PHI)

I request to have information released from the following entity

____ ______________________
Name of Facility/Doctor Phone

____ ______________________
Address City State Zip Fax

I request to have information released to the following entity

Hanson Internal Medicine, P.A.
Gregory W. Hanson M.D **(817)-433-5160 - Phone**
6100 Harris Parkway Suite 240
Fort Worth TX 76132 **(817)-433-5161- Fax**

From the health records of (Identifying information of individual being disclosed)

____ Birth Date: ______/______/______
Patient's Full Name

____
Address City State Zip

____ ________________
Signature of Patient or Legal Representative Date

Relationship to Patient: _____________________

My authorization extends to those data elements/document below:

___History and Physical Examination ___Progress Notes/Office Visits

___Lab/X-ray/Pathology results ___Hospital Stay Information ___Hepatitis Information

___AIDS/HIV information. I consent to the release of AIDS/HIV status with my records Initials_______

___Other or All Records(Must be specific)____

Purpose of Disclosure: Medical Care______ Employer______ Attorney______ Insurance______

This authorization is given freely with understanding that:

1. Any and all records, whether written or oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, excludes as otherwise provided by law.
2. A photocopy or fax authorization is a valid as the original.
3. Hanson Internal Medicine, P.A. its employees,office and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
4. Treatment,payment,enrollment, or eligibility for benefits may not be conditioned upon obtaining this authorization.
5. This authorization is valid until revoked in writing by above signature.
6. A copy of this signed authorization is available upon request.