Texas Vascular Associates, PA
Authorization To Disclose Health Information

I hereby authorize Texas Vascular Associates, PA to release and transfer to:

_____

(Doctor, Hospital, Attorney, etc.)

_____

Street Address **City/State** **Zip Code**

the following information from its records on:

_____

(Patient's Name)

_____

Birth Date **Social Security Number**

SPECIFY INFORMATION:

_____

The above information is released for the following purpose and that purpose only.
Other uses are prohibited

_____

I understand that the specific information to be released may include, but is not limited to history, diagnosis, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). I authorize the release of this specific data. I also understand that this authorization may be revoked by the person giving authorization by written and dated notice, except to the extent that disclosure of information has been made prior to receipt of the revocation. This authorization will expire ninety (90) days from the date of signature.

I authorize faxing the information to be disclosed to the requesting party. Yes No

I have read and understand this consent and I have signed it voluntarily and of my own free will.

_____

Signature of Patient (or legal representative) **Witness**

_____

Relationship to patient (if representative) **Witness**

_____

Date **Date**

IF INFORMATION IS RELEASED TO PATIENT:
I understand that my medical record may contain reports, test result and notes that only a physician can interpret. I understand and have been advised that I should contact my physician regarding the entries made in my medical record to prevent my misunderstanding of the information contained in these entries. I will not hold _____ liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation.

_____

Signature of Patient or Legal Representative **Date** **Witness**