MIDLAND MEMORIAL HOSPITAL - MIDLAND, TEXAS 79701

AUTHORIZATION TO RELEASE MEDICAL RECORDS

		•	of Service_	
Date of Birth		Social Security Number		
I, the undersigned, authorize the rethe above named patient.	elease of information from	the facility specifie	ed above fro	m the medical record
The information is released to:	(physician, hos	pital, attorney, ins	urance com	pany, self, etc.)
Address				<u>Zip</u>
Phone #		Fax #		
PATIENT INFORMATION IS NEED	DED FOR:			
☐ Attorney/Legal ☐ Personal Use ☐ Worker's Compensation	☐ Continued Medical C☐ Social Security/Disa☐ Other	bility 🔲 M	surance Cor ilitary	mpany
INFORMATION TO BE RELEASEI	<mark>D</mark> :			
☐ Emergency Room Record ☐ Physician Orders ☐ Operative Reports	☐ Progress Notes ☐ Pathology Report ☐ Radiology Report		Summary	☐ History and Physic ☐ EKG, EEG, EMG
except when otherwise permitted may be subject to re disclosure by	d by law. Information us by the recipient and no	sed or disclosed longer protected	pursuant t	to this authorization
understand that my records are except when otherwise permitted may be subject to re disclosure by your initials are required to release acknowledge and hereby consequence, psychiatric (excluding psychiatric Test Results)	d by law. Information use by the recipient and no ase the following informent to such, that the rele ychotherapy notes) Rep	sed or disclosed longer protected ation: eased informatio productive Healtl	pursuant t by the law n may cont n Informatio	to this authorization tain alcohol, drug on, Genetic Informa
understand that my records are except when otherwise permitted may be subject to re disclosure to require to release acknowledge and hereby consequences, psychiatric (excluding psychiatric Test Results) (including Genetic Test Results) (including that I may revoke the peen taken in reliance upon the pay written request to Midland Mer Parkway, Midland, Texas 79701	d by law. Information use the recipient and no ase the following informent to such, that the releychotherapy notes) RepHIV testing, HIV results authorization in writing authorization. I undersection by fax (432-221-467)	sed or disclosed longer protected ation: eased information or AIDS information, or AIDS information at any time eatand that to revoin: Privacy Office 70). I understand	n may conton Information. * xcept to the ke my auther, 400 Ros	tain alcohol, drug on, Genetic Informa (Please e extent that action norization, I must se salind Redfern Grov charged a retrieval/
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