



**Auxanomen Clinic**  
 2105 Parker Lane, Austin, TX 78741-3805  
 Ph: 512-749-5329; Fax: 512-383-9225

**Authorization for Release of Medical Information**

I hereby authorize the release of information from the medical record of:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ STMU ID# \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Information Released To: \_\_\_\_\_ From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Release the Following:**

- Problem List
- Progress Notes
- History/Physical Exam
- Lab Reports
- Immunizations
- X-Ray Reports
- X-Ray Films
- EKG Reports
- Other Diagnostic Reports (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

Including information (if applicable) pertaining to:  
 Mental Health  Drug/Alcohol  HIV/AIDS  Communicable Treatment

**Purpose of Need for Disclosure:**

- Continued Patient Care
- Attorney/Legal
- Disability Determination
- Personal Use
- Insurance Claim/Application
- Other (Specify) \_\_\_\_\_

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written consent of the patient is prohibited. I further understand that I may revoke this consent (in writing) at any time except to the extent that action has been taken in reliance on it. This consent will expire 90 days after the date of my signature unless otherwise specified.

Signature of Patient or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Witness \_\_\_\_\_

**COMPLETE ONLY IF INFORMATION IS TO BE RELEASED DIRECTLY TO PATIENT:**

I understand that my medical record may contain reports, test results, 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.

Signature of Patient or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Witness \_\_\_\_\_

Date request completed \_\_\_\_\_ # pages copied \_\_\_\_\_ Initials \_\_\_\_\_