

AUSTIN PULMONARY CONSULTANTS, P.A.
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of medical records **OF:**

PATIENT NAME	D.O.B	SOCIAL SECURITY #
ADDRESS		PHONE#

Physician/facility **TO / FROM:**

☐ **Sean C. Gilbey, MD**
☐ **William M. Bartek, MD**
☐ **Sireesha Gogineni, MD**
4007 James Casey, B200
Austin, Texas 78745
Ph: (512) 441-9799
Fax: (512) 441-9814

Physician/facility **TO / FROM:**

☐ **Harold D. Cain, MD**
☐ **Laura K. Gilbey, MD**
☐ **Thaw Sint, MD**
☐ **Matthew A. Anderson, MD**
12201 Renfert Way #260
Austin, Texas 78758
Ph: (512) 977-0123
Fax: (512) 977-0126

PROHIBITION ON REDISCLOSURE: This information is being disclosed to you from confidential records. You are prohibited from making any further disclosure of this information except with the specific written consent of the person to whom it pertains and the facility from which the information originates.

INFORMATION TO BE RELEASED:

_____ history & physical	_____ laboratory	_____ immunizations
_____ consultation	_____ x-rays	_____ HIV testing
_____ pulmonary function studies	_____ x-ray reports	_____ progress notes
_____ other: _____		

INCLUSIVE DATES OF TREATMENT: from: _____ to: _____

PURPOSE OF RELEASE (required by Texas Revised Civil Statutes)

_____ Release of information to another physician
_____ Information requested by insurance carrier
_____ Worker's compensation
_____ Disability claim
_____ Other: _____

Reports may include information on drug/alcohol/psychological or communicable disease treatment. I waive the privilege of confidentiality of such information.

I understand I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it and that in any event, **this authorization expires automatically 1 year from the date of signature or as otherwise specified.**

EXPIRES: _____

I understand that the initial copies of medical records are provided free of charge by Austin Pulmonary Consultants, P.A., but that the applicable fee will be charged for future copies.

MEDICAL RECORDS RELEASE (Rule of the Texas Medical Board)

The requested copies of medical records or a summary or narrative of the records shall be furnished by the physician within 15 business days after the date of the request. **DATE REQUEST RECEIVED:** _____.

patient or authorized representative's signature	date signed
relationship to patient	witness