

OBGYN Specialists of Texas
OBSTETRICS, GYNECOLOGY & INFERTILITY
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AUTHORIZATION FOR RELEASE OF INFORMATION

Many patients allow family members such as their spouse, significant other, parents or children to call and request the result of tests, procedures, and financial information. Under the requirements for H.I.P.A.A. we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical information, any diagnostic test results and/or financial information released to any family members you must sign this form. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I authorize ObGyn Specialists of Texas to release my records and any information requested to the following individuals.

1. _____ Relationship to Patient _____
2. _____ Relationship to Patient _____
3. _____ Relationship to Patient _____

Patient's Name: _____ **DOB:** _____

Patient's Signature: _____

Date: _____