

REQUEST FOR INFORMATION

ON THIS DATE \_\_\_\_\_ I HERBY AUTHORIZE:

NAME (YOUR PREVIOUS DOCTOR OR FACILITY; COMPLETE IN FULL)			PHONE NUMBER
STREET ADDRESS	CITY	STATE	ZIP

TO FURNISH A COPY OF MEDICAL RECORDS, THIS MAY INCLUDE INFORMATION CONCERNING THE RESULTS AND/OR TREATMENT OF HIV, AIDS, MENTAL HEALTH, ALCOHOL AND/OR DRUG ABUSE, OF THE PATIENT LISTED BELOW UPON MAKING REQUEST. I HEREBY RELEASE YOU, YOUR PHYSICIANS AND EMPLOYEES FROM LIABILITY FOR FOLLOWING THIS AUTHORIZED RELEASE FORM.

**TO: MEDICAL RECORDS  
PREMIER OB/GYN OF WEST HOUSTON, LLP  
23920 KATY FREEWAY, STE. 330  
KATY, TEXAS 77494 PHONE 713-464-2100  
FAX NO. 281-392-7911**

**\*\*PLEASE COMPLETE ALL INFORMATION, INCOMPLETE OR ALTERED FORMS WILL NOT BE PROCESSED\*\***

SPECIAL INFORMATION REQUESTED: PLEASE SPECIFY TIME PERIOD REQUESTED, PLEASE DO NOT SELECT ALL.

DATE OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_ (PLEASE CHECK ONE)

- PAP SMEAR
- OFFICE NOTES
- LABS
- MAMMOGRAPHY
- OPERATIVE REPORTS
- PRENATAL RECORDS
- ALL RECORDS

THIS AUTHORIZATION IS VALID FOR 120 DAYS FROM THE DATE OF SIGNATURE.  
ANY CHANGE IN AUTHORIZATION MUST BE IN WRITING.

REGARDING (PATIENT NAME)	
SS NO.	DATE OF BIRTH
ADDRESS	
CITY, STATE & ZIP	PHONE
PATIENT SIGNATURE GUARDIAN, IF MINOR	DATE

**FOR OFFICE USE ONLY**

DATE REQUESTED \_\_\_\_\_ REQUESTED BY DR. \_\_\_\_\_

THIS DOCUMENT OR DOCUMENTS ACCOMPANYING THIS TRANSMISSION MAY CONTAIN CONFIDENTIAL HEALTH INFORMATION THAT IS LEGALLY PRIVILEGED. THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. THE AUTHORIZED RECIPIENT OF THE INFORMATION IS PROHIBITED FROM DISCLOSING THIS INFORMATION TO ANY OTHER PARTY UNLESS REQUIRED TO DO SO BY LAW OR REGULATION AND IS REQUIRED TO DESTROY THE INFORMATION AFTER STATED NEED HAS BEEN FULFILLED.

IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR ACTION TAKEN IN RELIANCE ON THE CONTENTS OF THESE DOCUMENTS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY AND ARRANGE FOR THE RETURN OR DESTRUCTION OF THESE DOCUMENTS.