



REQUEST FOR RELEASE OF MEDICAL RECORDS

Please **REQUEST** medical information **FROM:**

Please **SEND** medical information **TO:**

PIGA PRIMARY CARE ASSOCIATES
 8380 Warren Parkway, Suite 305
 Frisco, TX 75034
 Main: 214-618-2222
 Fax: 972-668-5831

Requesting only: (choose one)

- All records
- Immunization records
- Insurance information

- Labs/ Radiology
- Physical form
- Other: _____

I hereby authorize the above-mentioned provider to release and/or disclose the medical information as requested above to Piga Primary Care Associates as I have indicated. I also understand this information may contain information relating to Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV), mental health, and alcohol and/or drug abuse.

HIV/AIDS: I consent to the release of any positive or negative test result for AIDS or HIV infection antibodies to AIDS or infection with any other causative agent of AIDS with the rest of my medical records: **Initials:** _____

Release and/or disclose records and information regarding:

PATIENT'S FULL NAME		DATE OF BIRTH	
STREET ADDRESS		CITY	STATE
			ZIP
HOME PHONE/ PREFERRED PHONE	CELL PHONE	E-MAIL ADDRESS	

I request that the health information released and/or disclosed pursuant to this authorization be used for the following purpose:

Reason for records release: _____

A copy of this authorization is valid as an original. I have the right to receive a copy of this authorization. The copy is for me to keep. I understand that there may be a fee for preparing and furnishing this information.

 SIGNATURE OF PATIENT/ PARENT/ LEGAL GUARDIAN

 DATE

 PRINTED NAME

 The personal health information contained in this fax is highly confidential. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to the patient. Any other use is in violation of the Federal Law, Health Insurance Portability and Accountability Act (HIPAA) and will be reported as such. I understand that this information will be released within 15 business days of the receipt of request and that a fee for preparing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.