INBOUND REQUEST

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL RECORD INFORMATION

Patient Full Name:____Patient DOB: ________________
Patient Address: ____
Phone:_________________________Email Address: _______________________________________

Requesting physician: ***(Check requesting physician)***

_____Christopher Thompson, MD
_____Robert Fulmer, MD
_____Haley Overstreet, MD
_____Stacy Silvers, MD
_____Alvin Aubry, MD
_____Richard Wachs, MD
_____Kirk Waibel, MD
_____Savannah Sommerhalder, MD
_____William Storms,MD
_____Ronald Gerencer, MD
_____Suresh Raja, MD

Other:____

Please fill out the information below completely as missing information may cause delays in processing your request

I hereby authorize Aspire Allergy & Sinus to request medical record information from:

Office Name/Physician Full Name: ____

Office Address: ____

Office Phone:__________________________Fax: ____

Information to be released for Patients Continuing Care

_____**Clinical Notes** _____**Allergy Testing Results** _____**Labs** _____**CT (CD)Scans** _____**CT Report**

_____**Injection Log** _____**Prescription Formula**

Notes: ____

____

Patient Signature:____Date: _________________
(Or responsible party)

If other than patient, please disclose relationship: ____

Email to : medical.records@txna.onmicrosoft.com Or Fax to: 877-891-0383

If you have any questions, please call 210-960-3837

******************************Please allow 15 days to Process Request*************************************

I understand that my records are confidential and cannot be disclosed without my written authorization except when otherwise permitted by law Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and not longer protected. I understand that the specific information to be released may include ,but is not limited to: diagnosis, and/or treatment of drugs and alcohol abuse, mental illness, or communicable disease, Including Human Immunodeficiency Virus (HIV)and Acquired Immune Deficiency Syndrome (Aids). 45 CFR § 164.502(a)(2)(iii)