Aspire ALLERGY & SINUS

**OUTBOUND REQUEST**

**AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL RECORD INFORMATION**

Patient Full Name:_____Patient DOB: _____
Patient Address: _____
Phone:_____Email Address: _____

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

**I hereby authorize Aspire Allergy & Sinus to release my medical record information to:**

Office Name/Physician: _____

Office Address: _____

Office Phone:_____ Fax: _____

_____SELF Via Secure Email _____ Fax_____

***Information to be released for Patients Transfer of Care or Continuing Care***

_____**Clinical Notes** _____**Allergy Testing Results** _____**Labs** _____**CT Scans** _____**CT Report**

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

Notes: _____

_____

**Reason for Request** *Article 779b, sections5.08(j) Texas revised civil statues require that an authorization for release of medical records include "the reason or purpose of the release"*

____ **Moving** _____ **No longer accept your Insurance** _____ **Unhappy with Service** _____ **Other Clinic**_____

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 no 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)*