



## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION TO VALORA

*Fill out this form if you want your records from your previous doctor be sent to our office.*

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Previous Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Phone: \_\_\_\_\_

**I request and authorize release healthcare information of the patient named above from:**

Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Records as listed below should be mailed or faxed to: **VALORA Medical Center at (866) 554-1751**, to the address or fax listed at the bottom.

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_  
\_\_\_\_\_

☐ All healthcare information

☐ Other: \_\_\_\_\_

**Definition:** Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

☐ Yes ☐ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

☐ Yes ☐ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witness: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME, EXCEPT WHERE INFORMATION HAS ALREADY BEEN RELEASED. THIS AUTHORIZATION IS VALID FOR UNTIL REVOKED IN WRITING BY ME.

**VALORA MEDICAL GROUP - GRAND PRAIRIE**  
**825 Desco Ln**  
**Grand Prairie, TX 75051**  
**Office: (214) 432-8936 • Fax: (866) 554-1751**