Authorization to Release Medical Information

To Be Completed By Individual

Individual's Name: ______________________________

When you sign this authorization, you are giving Premier Allergy of Texas your permission to contact your doctors, medical facilities, or other health care providers and get copies of your health information as indicated by the checkmark below. A reasonable fee for furnishing this information may be charged. Your signature is required on this authorization form.

I authorize: ______________________________

Doctors, Medical Facilities or Health Care Providers

to provide a copy, summary or narrative of my medical records (as indicated by the check mark below)

Complete record
Records of care from ____________ to ____________
Skin test results
Immunotherapy treatment record
Immunotherapy prescription
Records of care concerning the following condition(s) ______________________________
List Conditions

and release the information to: 11840 Alamo Ranch Pkwy Ste 80, San Antonio, TX 78253; (P) 210-764-6567 (F) 888-395-3465

This authorization expires: ____________
Date

______________________________ ____________
Individual or Personal Representative's Signature Date

If you are signing for the individual, describe your authority to act for the individual:

Note: If the person requesting the release of case information cannot sign his/her name, two witnesses must sign below:

______________________________ ____________
Witness Date

______________________________ ____________
Witness Date

Notice to Individual:

Premier Allergy of Texas, as receiver of this information, will protect your personal health information in accordance with federal and state privacy regulations. If you authorize release of your health information to other parties, it may no longer be protected by privacy regulations.

You can withdraw the permission you have given your doctors, medical facilities, or other health care providers to use or disclose health information that identifies you, unless they have already taken action based on your permission. You must withdraw your permission in writing.

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