



**TEXAS KIDNEY CENTER**  
*caring for your kidneys in a conscientious way*

## HEALTH INFORMATION RELEASE FORM

This authorization may be used to permit a covered entity (as such term is defined by HIPAA and applicable Texas law) to use or disclose an individual's protected health information.

PATIENT INFORMATION			
Name:	Birth Date:	SS #:	
Address:	City:	State:	Zip:
Phone:	Mobile:	Email:	
I authorize the following to disclose the individual's protected health information:			
Person / Organization Name:		Attention to:	
Address:	City:	State:	Zip:
Phone:	Fax:		
I authorize the following can receive and use the health information:			
Person/Organization Name:		Attention to:	
Address:	City:	State:	Zip:
Phone:	Fax:		
Purpose of disclosure:			
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Employer	<input type="checkbox"/> Insurance	<input type="checkbox"/> Attorney
<input type="checkbox"/> Other (Please specify):			
Check all that may be released:			
<input type="checkbox"/> Complete Records	<input type="checkbox"/> History	<input type="checkbox"/> Physical	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Lab Reports	<input type="checkbox"/> X-Rays	<input type="checkbox"/> EKG Report	<input type="checkbox"/> Operative Reports
<input type="checkbox"/> Psychological Reports	<input type="checkbox"/> Care Plan	<input type="checkbox"/> Therapy Reports	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Other (Please specify):			
Specify date(s) of service to be released from _____ to _____			

I understand the information to be released may include records related to HIV/AIDS, sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use.

This authorization is valid for twelve (12) months from the signature. You have right to revoke this authorization at any time prior to the expiration date. Any use or disclosure already made with your permission cannot be undone.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Patient or Representative)