



MEDICAL RECORDS REQUEST

Patient Name: _____	Date Of Birth: _____
Name of Person Making Request: _____	
Relationship to Patient:	
<input type="checkbox"/> Self	<input type="checkbox"/> Attorney
<input type="checkbox"/> Parent or Guardian	<input type="checkbox"/> Insurance Carrier Representative
<input type="checkbox"/> Referral Physician	<input type="checkbox"/> Other: _____
Person/Entity Records Are Released To:	
Name: _____	
Company Name: _____	
Address: _____	

Phone Number: _____	Fax Number: _____
Email address: _____	

Reason for Request:	
<input type="checkbox"/> Patient Care	<input type="checkbox"/> Health Care Liability Claim
<input type="checkbox"/> Insurance Payment	<input type="checkbox"/> Worker's Compensation Claim
<input type="checkbox"/> Personal Injury Claim	<input type="checkbox"/> Other: _____
I authorize Texas MedClinic to use or disclose all information in the medical record, including HIV/AIDS test results and drug/alcohol test results ,unless restricted by date range or limitations as listed below.	
Please specifically include:	
<input type="checkbox"/> X-rays	<input type="checkbox"/> Other: _____
Date Range: _____	
Limitations: _____	
I agree to hold Texas MedClinic, their physicians and/or representative(s) harmless for any and all action or adverse consequences that may be taken or result from the release of this information.	
<i>This authorization will expire 30 days from the date signed, and may be revoked in writing according to our Notice of Privacy Practices.</i>	
Signature of Patient or Authorized Personal Representative _____	Date _____

For Texas MedClinic Use Only:					
Signature for release matches medical record authorization?	Yes	No*	Nothing to Compare*		
<i>*Send request to Medical Records Technician</i>					
Verifying Person's Name: _____					
Method of Release:					
Mailed	Hand Delivered	Faxed	Emailed	Picked Up	Date: _____
If not released, why? _____					



Frequently Asked Questions About Medical Records Request Form

When is this form to be completed?

Each time medical records are requested, Texas MedClinic (TMC) requires documentation of the request to meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

What is the purpose of this form?

To authorize TMC, their physicians and/or representative(s) to release your protected health information (PHI). Your signature means that you agree to hold TMC, their physicians and/or representatives harmless for any and all action or adverse consequences that may be taken or result from the release of this information.

How long does this release stay in effect?

For 30 days from the time you sign and date it, unless you specify differently in the limitations section of the form.

How can this release be revoked earlier than its expiration date?

The authorization may be revoked at any time, provided the request is in writing and addressed to TMC's Privacy Officer. Any disclosures TMC made while the authorization was in place are valid and are not affected by the revocation. TMC is not responsible for any usage of disclosure of your PHI by the recipient.

What information is required on this form?

The required information is highlighted on the form and includes the patient's name, date of birth; the name of the person requesting the information, their contact number; the reason for the request; and the patient's/guardian's signature and date.

What is purpose of the Limitations line?

This is the place to identify any records that should not be included in the release (e.g., Drug or Alcohol test results, HIV/AIDS test results, etc.)

What is TMC's contact information in case I need to call or mail a request?

Texas MedClinic
Attn: Medical Records
13722 Embassy Row
San Antonio, Tx 78216
Phone: (210) 349-5577 ext. 0513
Fax: (210) 491-2862
Email: MedRec@texasmedclinic.com

There are laws in place that protect HIV/AIDS test results and mental health records more stringently than other medical records.

If you do not want that information to be released,
you have to initial the form giving us explicit permission to do so.