H E R R I N P E D I A T R I C C L I N I C
601 River Pointe, Suite 120 ~~ Conroe, TX 77304
JAMES R. HERRIN, M.D., F.A.A.P.
TEL: 936-788-6060 **FAX: 936-788-6061**

REQUEST / RELEASE OF INFORMATION

Name of Patient:_____Date of Birth:_____

_____Date of Birth:_____

_____Date of Birth:_____

Address:_____Tel #:_____

~~~ I hereby authorize physicians and representatives of HERRIN PEDIATRIC CLINIC ~~~

( )To OBTAIN confidential information FROM: **( )To RELEASE confidential information TO:**

Name:_____

Address:_____

Tel:_____Fax:_____

Purpose:
( ) Continuation of care
( ) Legal Attorney**
( ) Other (please specify):_____
( ) Commercial Insurance
( ) Personal Use ** (please specify below)

The following information will be Released / Obtained (check & initial beside requested records):

( ) Entire Records
( ) Diagnostic Test Results
( ) Other (please specify):_____
( ) Immunization Records
( ) Hospital Records

I understand that I may revoke this authorization in writing at any time prior to the release of the information specified above. I understand that if the recipient authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal and state privacy regulations. I hold harmless HERRIN PEDIATRIC CLINIC and / or their representatives from liability resulting in the released / obtaining of the above information. **This authorization expires 90 days from the date signed. Please note office has up to 15 business days to release requested records.**
****Fee for providing requested records:$25 for the first twenty pages and $.25 per page for every copy thereafter.****

Pursuant to State and Federal law you are hereby advised that the information that you authorized for release may include: Any/all test results, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol abuse.

PRINT NAME:_____

_____ _____ _____
Signature Relationship to Patient Date

Notice to Recipients of Information: This information has been disclosed to you from records whose confidentiality has been protected by Federal Law. Federal Regulation (42, CPR Part 2) prohibits you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation.