

Authorization For Use or Disclosure of Medical Record Information Austin Spine Sharecare

Patient Full Name:	 Patient Informat 	ion ———				TX10929
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City: State Zip: Fax: Purpose of Request: Personal Continuing Care Insurance Legal Transfer (Explain) Other (Explain) Comments/ Authorization Specifications: NOTICE: The information release pursuant to this Authorization may be redisclosed by the receiving institution or individual to other individuals or organizations that are not subject to federal and/or state privacy laws. Austin Spine winot condition treatment on the signing of this Authorization or payment of associated fees. Information to be Released Please provide a 2-year abstract (includes 5 years of labs, radiology, and diagnostics) Please provide a 2-year abstract (includes 5 years of labs, radiology, and diagnostics) Please provide my entire medical record for dates: From To Pathology Billing Other (Explain Below) Please provide my entire billing record for dates: From To To Tomments/ Authorization is valid for 365 days (30 days for alcohol/drug abuse treatment) unless you specify otherwise. You may revoke this Authorization any time by providing a written statement to the Health Information Management Department at Austin Spine, except to the extent that Austin Spine has already completed action on it. POTENTIAL FEES: See the "Fee and Process Explanation Letter" for more information regarding associated costs. Authorization to Release Protected Information Required: Please complete the check boxes below indicating how protected information should be handled, even if the categories do not necessarily apply to the patient's medical records. Initial each line below to confirm your choices I Do Do NOT want information about "Hertal Health released Do Do NOT want information about "Alcohol and/or Substance Abuse released Do Do NOT want information about "Alcohol and/or Substance Abuse released To Do Do NOT want information about "Alcohol and/or Substance Abuse released STOP AND REVIEW: Please confirm that you have put a checkmark and initialed ALL the protected information categories above regardless if they are applicable or not. If	Name/Facility:			Attention:		
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