

## AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Release my protected health information to the following person(s) I entity:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The reasons or purposes for this release of information are as follows:

---



---

The health information you may release subject to this authorization is as follows:

- All Medical Records
  MRI/Diagnostic Films
  Pathology Reports  
 X-Ray Films
  Other, Please Specify \_\_\_\_\_  
 **Please list anyone that is allowed to obtain prescriptions/information for you:** \_\_\_\_\_

**This authorization shall expire one year from the date signed.** After one year, NORTH TEXAS ORTHOPEDICS & SPINE CENTER can no longer use or disclose the patient's protected health information without first obtaining a new authorization form.

I understand that I have the right to revoke this authorization, in writing, at any time by sending a written notification to the following person at NORTH TEXAS ORTHOPEDICS & SPINE CENTER

ATTN: CAROLYN CALIMAN, PRIVACY OFFICER  
2535 IRA E. WOODS AVENUE  
GRAPEVINE, TEXAS 76051  
TELEPHONE 817-481-2121  
FAX NO. 817-488-4493

I understand that a revocation is not effective to the extent that NORTH TEXAS ORTHOPEDICS & SPINE CENTER has relied on this authorization in its actions.

I understand that when the information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected health information.

NORTH TEXAS ORTHOPEDICS & SPINE CENTER will not condition my treatment, payment, or health care operations based on whether I provide authorization for the requested use or disclosure.

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_  
**Name of Patient or Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Description of  
Personal Representative's Authority**

*North Texas Orthopedics & Spine Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*