All portions of this form ***must*** be completed to constitute a valid authorization for release of health information under the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

Patient's Name				Date of Birth	Medical Record Number
Address	City	State	Zip	Telephone Number	Email Address

I authorize the use and disclosure of health information about me as described below:				
Facility Authorized to Release my Health Information				
Address	City	State	Zip	Telephone/Fax Number
Agency or Individual(s) Authorized to Receive my Health Information				
Address	City	State	Zip	Telephone/Fax Number

Health Information that may be used / disclosed is limited to the following:

- ☐ Entire Record
- ☐ History and Physical
- ☐ Progress Notes
- ☐ Discharge Summary
- ☐ Operative Notes
- ☐ Other ____
- ☐ Consultations
- ☐ Diagnostic Imaging Results
- ☐ X-Ray Reports
- ☐ Lab
- ☐ Medications

Sensitive Information:

- ☐ Mental Health
- ☐ Communicable Diseases, including HIV status
- ☐ Alcohol / Drug Abuse
- ☐ Demographic Information (Name, address, etc.)

Health Information that may be used / disclosed is limited to the following periods of healthcare: ☐ ALL Dates of Service

From (date): ________________________ To (date): ________________________

From (date): ________________________ To (date): ________________________

Health Information to be released to the above-named agency / individual is to be used / disclosed for the following purpose(s):

- ☐ At Request of Patient
- ☐ At Request of Employer
- ☐ Other ____
- ☐ Treatment / Consultation
- ☐ Research
- ☐ Billing / Claims Payment
- ☐ Marketing

Form and Format of Disclosure Requested: I ☐ do ☐ do not authorize this information to be disclosed electronically.

- ☐ Printed and picked up by patient
- ☐ Faxed to the above-named agency / individual
- ☐ Printed and mailed to the above-named agency / individual

"Health Information" identifies you (the patient) by name and includes other demographic information about you. "Health Information" may include, but is not limited to: medical records, X-Ray films, slides, tracings, strips, etc.

I hereby discharge the releasing facility, its agents, and employees from any and all liabilities, responsibilities, damages, and claims which might arise from the release of information authorized herein, including Sensitive Information as indicated above, which was compiled during my visit, encounter or hospitalization, or make copies thereof in accordance with the policies of this facility.

Protected Health Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected by this privacy rule. If research-related Health Information is used or disclosed for continued research purposes, an expiration date or event does not apply.

If no specific date or event is noted below, this authorization will automatically *expire 60 days* after the date of signature. I understand that I have a right to revoke this authorization at any time, in writing, as stated in the Notice of Privacy Practices, except where the facility has already made disclosures in reliance upon my prior authorization.

Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining an authorization if the HIPAA prohibits such conditioning. If conditioning is permitted, refusal to sign the authorization may result in denial of care or coverage.

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with (HIPAA) privacy regulations.

Patient's Signature or Legal Representative		Date	Time
Relationship to Patient / Authority to Act on Patient's Behalf	Interpreter, if utilized	Date	Time

Medical Record Release and Charges

a) Release of Records Pursuant to Written Request. As required by the Medical Practice Act, §159.006, a physician shall furnish copies of medical and/or billing records requested or a summary or narrative of the records pursuant to a written release of the information as provided by the Medical Practice Act, §159.005, except if the physician determines that access to the information would be harmful to the physical, mental, or emotional health of the patient. The physician may delete confidential information about another patient or family member of the patient who has not consented to the release. If requested, the physician shall provide the requested records in electronic format, if such records are readily producible. If the requested records are not readily producible in a readable electronic format, the records shall be produced in a format as agreed to by the physician and the requestor. If by the nature of the physician's practice, the physician transmits health information in electronic form, the physician may be subject to the Health Insurance Portability and Accountability Act (HIPAA) 45 C.F.R. Parts 160-164. Unless otherwise provided under HIPAA, physicians subject to HIPAA must permit the patient or an authorized representative access to inspect medical and/or billing records and may not provide summaries in lieu of actual copies unless the patient authorizes the summary and related charges.

(b) Deadline for Release of Records. The requested copies of medical and/or billing records or a summary or narrative of the records shall be furnished by the physician within 15 business days after the date of receipt of the request and reasonable fees for furnishing the information.

(c) Denial of Requests for Records. If the physician denies the request for copies of medical and/or billing records or a summary or narrative of the records, either in whole or in part, the physician shall furnish the patient a written statement, signed and dated, within 15 business days of receipt of the request stating the reason for the denial and how the patient can file a complaint with the federal Department of Health and Human Services (if the physician is subject to HIPAA) and the Texas Medical Board. A copy of the statement denying the request shall be placed in the patient's medical and/or billing records as appropriate.

(d) Contents of Records. For purposes of this section, "medical records" shall include those records as defined in §165.1(a) of this title (relating to Medical Records) and shall include copies of medical records of other health care practitioners contained in the records of the physician to whom a request for release of records has been made.

(e) Allowable Charges.

(1) Paper Format.

(A) The physician responding to a request for such information in paper format shall be entitled to receive a reasonable, cost-based fee for providing the requested information.

(B) A reasonable fee for providing the requested records in paper format shall be a charge of no more than **$25 for the first twenty pages and $.50 per page for every copy thereafter.**

(2) Electronic Format.

(A) The physician responding to a request for such information to be provided in electronic format shall be entitled to receive a reasonable, cost-based fee for providing the requested information in electronic format.

(B) A reasonable fee for providing the requested records in electronic format shall be a charge of no more than: **$25 for 500 pages or less; $50 for more than 500 pages.**

(3) Hybrid Records Format.

(A) The physician responding to a request for such information that is contained partially in electronic format and partially in paper format ("hybrid"), may provide the requested information in a hybrid format and shall be entitled to receive a reasonable, cost based fee for providing the requested information.

(B) A reasonable fee for providing the requested records in a hybrid format may be a combination of the fees as set forth in paragraphs (1) and (2) of this subsection.

(4) Other Charges.

(A) If an affidavit is requested, certifying that the information is a true and correct copy of the records, whether in paper, electronic or hybrid format, a reasonable fee of up to $15 may be charged for executing the affidavit.

(B) A physician may charge separate fees for medical and billing records requested.

(C) Allowable charges for copies of diagnostic imaging studies are set forth in §165.3 of this title (relating to Patient Access to Diagnostic Imaging Studies in Physician's Office) and are separate from the charges set forth in this section.

(5) A reasonable fee for records provided in a paper, electronic or hybrid format may not include costs associated with searching for and retrieving the requested information, and shall include only the cost of:

(A) copying and labor, including, compiling, extracting, scanning, burning onto media, and distributing media.

(B) cost of supplies for creating the paper copy or electronic media (if the individual requests portable media) that are not prohibited by federal law.

(C) postage, when the individual has requested the copy or summary be mailed; and

(D) preparing a summary of the records when appropriate.

To Submit your request:

Fax to 903-597-8997 OR email to medicalrecords@psctyler.com OR Drop off at the office