TIMA
TYLER INTERNAL MEDICINE ASSOCIATES P.A.

C. Renee Branch, D.O.
Thomas M. Buzbee, M.D.
Margaret R. Hayden, M.D.
D. Michael Park, M.D.
Jennifer Saurette, M.D.
Amy K. Simpson, M.D.
Ramiro Villena, M.D.
Dr. Anthony Davis, M.D.-Davis Medical Group-Lindale

MEDICAL RECORDS RELEASE FORM

This form authorizes you to provide a copy, summary, or narrative of your medical records (as indicated by check mark (s) below), or otherwise release confidential information.

Patient Name: _____
Address: _____
_____
Patient DOB: _____ SS#_____

Records Requested:

- ☐ Complete Record
- ☐ Records of care from the following dates: _____ to _____
- ☐ Lab Results
- ☐ Other- Please Specify:_____

HIV/AIDS: I consent to the release of any positive or negative test results for AIDS or HIV infection, antibodies to AIDS of infection with any other causative agent of AIDS with the rest of my medical records.

Patient's Initials: ____ Date: _____

Release **FROM** the following person(s):

Name: _____

Address: _____

_____

Phone: _____

Fax: _____

Release **TO** the following person(s):

Name: _____

Address: _____

_____

Phone: _____

Fax: _____

Reason for release of records: _____

NOTICE TO RECIPIENTS OF INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42, CFR pat 2) prohibit you or your organization from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulation. A general authorization or the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client/patient.
MENTAL HEALTH: This information is released subject to the "Confidentiality" provisions of TX.H.S. Code 611 and Texas Rules of Evidence (Civil/Criminal) Rules 510.
DRUG/ALCOHOL: This information is released subject to the "Confidentiality" provisions of 42 U.S. C 290dd-2; 42 C.F.R.>Part 2.
MR: This information is released subject to "confidentiality" provisions of the Mentally Retarded Person Act of 1977, and TX>H.S. Code CH 595.
HIV/AIDS: This information is released subject to "Confidentiality" provisions of the Communicable Disease Prevention Control Act of 1987, and as amended TX.H.S. Code 81.001: the Human Immunodeficiency Virus Services Act, TX.H.S. Code 85.001.

Patient Signature: _____ **Date:** _____

I understand that you will provide this information within 15 days of receipt of this request and that a FEE for preparing this information may be charged according to the rulings set for by the Texas State Board of Medical Examiners and the Texas Medical Association.