

PRESTON CENTRE PEDIATRICS

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Diplomats of the American Board of Pediatrics

Medical records maintained by a physician are confidential. They may not be disclosed to anyone without written consent from the patient or other person legally authorized to act on the patient's behalf. The Medical Act of Texas requires that the physician release copies of a patient's medical records (or narrative summary) when and only if the physician receives written consent. This Act also allows physicians to charge a reasonable fee for furnishing information from medical records after receiving appropriate release. Our fee is \$25 for the first 20 pages and 15 cents per page for every page thereafter. This fee may be required each time we receive a request to furnish information. We may, at our discretion, waive this fee.

THE WRITTEN AND SIGNED CONSENT MUST SPECIFY THE FOLLOWING:

(Please check all appropriate boxes)

INFORMATION COVERED BY THE RELEASE:

Whole chart

Shot record

Other _____

REASON OR PURPOSE FOR THE RELEASE:

Consult other MD

School form

Insurance requirement

Change MD (I understand this will sever my doctor/patient relationship with the physicians in this office)

Other _____

PERSON AND ADDRESSES TO WHOM THE INFORMATION IS TO BE RELEASED:

PATIENT'S NAME: _____ D.O.B.: _____

SIGNATURE: _____

I am the parent and/or legal guardian and am authorized to make this request

RELATIONSHIP TO PATIENT: _____