

Request for Medical Records and Authorization to Disclose Protected Health Information (PHI) to [Southlake Neurology and Neurophysiology Clinic, PLLC](#)

I hereby authorize the healthcare entity or healthcare provider listed below and their staff to disclose the following protected health information (PHI) to [Southlake Neurology and Neurophysiology Clinic, PLLC](#) for use by its physician and staff. Mail or fax the information requested to the office marked below.

Southlake Neurology and Neurophysiology Clinic, PLLC

**731 E. Southlake Blvd., Suite 160
Southlake, Texas 76092**

**Phone: (817) 421-2905
Fax: (817) 416-7284**

Healthcare entity or healthcare provider _____

Patient's name _____ Date of birth _____

- Emergency Room visit and records
- Hospital records, including H&P, D/C summary, progress notes, consultations, labs, billing records, registration, and radiology reports
- Radiology films Specific radiology films _____
- Healthcare provider's office records
- Others _____

Description of the purpose of the use or disclosure _____

The information may include information on HIV, AIDS, alcohol use, drug use, mental health, medical history, treatment, or any such information.

This authorization will remain in force and effect until I revoke it, at which time this authorization to use or disclose this protected health information expires. I understand that I may revoke this authorization at anytime in writing, at *Southlake Neurology and Neurophysiology Clinic, PLLC, 731 E. Southlake Blvd. Suite 160 Southlake, Texas 76092*. I understand that my health care and the payment of my health care will not be affected if I do not sign it.

I further understand that if recipient authorized to receive the information is not a covered entity, e.g. insurance company or non-healthcare provider, this protected information may no longer be protected by federal or state privacy regulations.

Signature of Patient or Patient's Representative

Date

Print Name of Patient or Patient's Representative

Description of Patient's Representative's Authority or relationship

May require supporting documents for legal authority