## **UTSouthwestern**

**Medical Center** 

## Authorization to Receive External Protected Health Information

Pt. Name:							
Address:							
City	State	Zip					
DOB:		SEX:					

External	Protected Health Information	on D	OB:	SEX: _	
1. I hereby aut	thorize:				
	sician:				
City:	State:	Zip:	_ Phone:	Fax:	
To release t	the following information from the he	alth record(s	) of:		
Patient's Na	ame:			Date of Birth:	
Covering th	e period(s) of treatment: From:		To:		
2. Patient has	an appointment on		Please send re	cords prior to appointmen	t date.
3. Information	to be released:				
☐ Complete	e Medical Record (includes information	regarding insu	rance, demographics, referral d	ocuments and records from ot	her facilities)
☐ Diagnost	ic Tests	als	☐ Laboratory Reports	☐ Progress Notes	
= *	e Summary			_	
_	:- 4- b				
4. Information	is to be released to: UT Southwest				
			Usa Tayaa 75000		
			llas, Texas 75390 Fax #:		
	Pnone #:		Fax #:		
5. I understand	d the purpose of these records is for	continuity of	care and physician review		
occurred pr	d this consent can be revoked in wri ior to receipt of the revocation by t valid for a period of time not to exce	he releasing	entity. If written revocatio		
7. Specification	n of the date, event, or condition upo	on which this	consent expires: (Please	specify if applicable)	
counseling;	d that the records used and disclos Human Immunodeficiency Virus (Human Immunodeficiency Virus (Human)	HIV) or Acqu	ired Immunodeficiency Sy	ndrome ("AIDS") treatme	
or Texas pr	d that to the extent any recipient of t ivacy laws, the information may no t, and therefore, may be subject to r	longer be pr	otected by Federal and Te		
	d that according to Chapter 159 of tade from records received from anot				re-disclosure
Authorization:	☐ Patient Signature				
Legal Representative (Proof of status as legal representative may be required)					
	Uerbal Telephone/MyChart Pat	ient Confirma	ation Received (Receiving I	JTSW employee must sig	ın with Title)
Patient or Legal F	Representative Printed Name	 Signa	ture	<u></u>	Date
Employee Printed	I Name and UTSW Title	Signa	ture		Date

