



## Authorization to Release and Disclose Patient Information

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| <b>PATIENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PATIENT NAME: _____ DATE OF BIRTH: _____<br><br>Address: _____ Day Phone: _____<br><br>City: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| <b>RECEIVING PARTY</b><br><br><input type="checkbox"/> <b>Send</b> the information to:<br><br><input type="checkbox"/> <b>Receive</b> the information from:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME: _____<br><br>Address: _____ Phone: _____<br><br>City: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| <b>INFORMATION TO BE RELEASED</b><br><br>(What do you want sent or released? Check the appropriate box.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Any and All records (complete record)<br><u><b>Only records types checked below:</b></u><br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Progress notes/clinic notes      <input type="checkbox"/> Schedule</span> <span><input type="checkbox"/> Laboratory reports                  <input type="checkbox"/> Other (please specify)_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Immunization record                <input type="checkbox"/> Billing Records (dates) _____</span> <span><input type="checkbox"/> Medication record                     <input type="checkbox"/> Routine Record Set (indicate date(s) of service_____)<br/>(office visit, lab, radiology, medicines, immunizations)</span> </div> <p>I agree that the following information may be released/used only as indicated below:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding-bottom: 5px;">1. AIDS/HIV test results, diagnosis, treatment, and related information</td> <td style="text-align: right; padding-bottom: 5px;">Yes___ No___</td> </tr> <tr> <td style="padding-bottom: 5px;">2. Drug screen results and information about drug and alcohol use and treatment</td> <td style="text-align: right; padding-bottom: 5px;">Yes___ No___</td> </tr> <tr> <td style="padding-bottom: 5px;">3. Mental health information</td> <td style="text-align: right; padding-bottom: 5px;">Yes___ No___</td> </tr> <tr> <td style="padding-bottom: 5px;">4. Genetic testing</td> <td style="text-align: right; padding-bottom: 5px;">Yes___ No___</td> </tr> </tbody> </table> | 1. AIDS/HIV test results, diagnosis, treatment, and related information | Yes___ No___ | 2. Drug screen results and information about drug and alcohol use and treatment | Yes___ No___ | 3. Mental health information | Yes___ No___ | 4. Genetic testing | Yes___ No___ |
| 1. AIDS/HIV test results, diagnosis, treatment, and related information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes___ No___                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| 2. Drug screen results and information about drug and alcohol use and treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes___ No___                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| 3. Mental health information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes___ No___                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| 4. Genetic testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes___ No___                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| <b>RELEASE INSTRUCTIONS</b><br>(How do you want the information?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Electronic Form (CD/USB preferred method) <input type="checkbox"/> Paper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| <b>PURPOSE OF RELEASE</b><br><br>(Why is it needed?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Continuing Care by other health care provider<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Disability                                  <input type="checkbox"/> School</span> <span><input type="checkbox"/> Insurance                                  <input type="checkbox"/> Personal review</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Attorney/Legal</span> <span><input type="checkbox"/> Other_____</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| <b>To The Receiving Party Of This Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | This information has been disclosed to you for the sole purpose(s) stated in this Authorization. Any other use of this information without the express written consent of the patient is prohibited. These records may be protected by federal regulation. Federal rules prohibit you from further disclosure unless you have received written consent from the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |              |                                                                                 |              |                              |              |                    |              |
| <ul style="list-style-type: none"> <li>This authorization is voluntary and I may refuse to sign it. My treatment or payment for services will not be affected if I do not sign this Authorization.</li> <li>This Authorization may be canceled by submitting a written notice to Texas Tech University Health Sciences Center (or the releasing facility). Information may be released until my written notice of cancellation is received.</li> <li><b>This Authorization expires 180 days from the date signed or on the following date or event (specify) _____</b></li> <li>Additional information is in TTUHSC's Notice of Privacy Practice.</li> <li>If the healthcare services are being provided at the request of and being paid for by my employer (or prospective employer), I understand and agree that all records and information related to the healthcare services provided to me may be given directly to my employer and if I wish to obtain such information, I must contact my employer/prospective employer.</li> </ul> <p><b>RELEASE FROM LIABILITY:</b> I release and agree to hold harmless TTUHSC Clinic (or other releasing facility) and its agents, representatives, employees from any and all liability associated with the release of confidential patient information in accord with the Authorization. I understand TTUHSC Clinic (or the releasing facility) cannot be responsible for use or rediscover of information to third parties.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |              |                                                                                 |              |                              |              |                    |              |

I certify that this form has been fully explained to me, I have read it or had it read to me\*, and I understand its contents.

Date \_\_\_\_\_ Print Your Name (Person signing consent form) \_\_\_\_\_ Patient or Legally Authorized Signature \_\_\_\_\_

| Time | Witness/Translator * | Relationship to patient |
|------|----------------------|-------------------------|
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