



### Authorization for the Release of Medical Information

\_\_\_\_\_ (patient's name) \_\_\_\_\_ (date of birth)  
authorizes \_\_\_\_\_  
\_\_\_\_\_ (name and address of physician)  
to furnish my records and medical information to

**Alliance Retina of Texas**  
Phone: 817-617-7678 Fax: 817-617-7681

All information about the care and treatment of the above-named patient may be released, including but not limited to information about general medical care, out-patient treatment with a psychotherapist, and substance abuse/chemical dependency treatment, with the following exceptions: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** For the release of specially-protected medical information (e.g., federal- or state-assisted drug and/or alcohol abuse treatment records, and HIV test results), the box below must be completed by the patient or his/her representative.

Disclosure of the records/information may be used **only** for the following purposes: \_\_\_\_\_  
\_\_\_\_\_

**I have been advised of my right to receive a copy of this form.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ This authorization expires on: \_\_\_\_\_

**\* If form is not signed by patient, indicate relationship of signer:**

- Parent or guardian of minor patient (for care for which the minor was not permitted to consent)
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient
- Spouse or person financially responsible (solely when information is needed to process application for dependent health care coverage)

<b>Special Authorization for the Release of Specially-Protected Medical Information</b>	
I authorize release to the above-listed recipient the following records concerning the patient designated above.	
_____ (Initial) Drugs and/or alcohol abuse records of federal- or state-assisted programs.	
_____ (Initial) HIV test results.	_____ (Initial) Genetic test results.
Print name: _____	
Signature: _____	Date: _____
<b>Patient or Authorized Representative</b>	