

Hill Country OB/GYN Associates

9805 Brodie Lane
Austin, Texas 78748
Phone (512)462-1936
Fax (512)394-9388

Authorization For Release of Information

In accordance with legal and regulatory agency requirements, the health record is the property of Hill Country OB/GYN Associates. A fee of \$25.00 is charged for a copy of medical records when they are released to the patient; no fee is charged if we mail or fax them to a physician.

Requests without payment will **NOT** be accepted.

Records Requested From:

_____ Chris C. Hart _____ Margaret R. Landwermeyer _____ Ana M. Eduardo _____ Lisa B. Schneider

Patient Name: _____

Date of Birth: _____

Social Security #: _____

Please Release the Following:

_____ pap smear results _____ lab results _____ gynecological exams
_____ mammogram results _____ prenatal records _____ ultrasound/x-ray reports
_____ All records

RELEASE MY MEDICAL INFORMATION TO THE FOLLOWING:

**** WE MUST HAVE A PHONE NUMBER FOR THE PHYSICIAN OR WE CANNOT PROCESS THE REQUEST****

Physician's Name: _____

Phone Number: _____ Fax Number: _____

Physician's Address: _____
Street City State Zip Code

Purpose or Need For Disclosure:

_____ transferring patient care _____ personal use _____ insurance _____ attorney/legal
_____ disability determination _____ other (specify) _____

I understand that:

- ~there is a fee for copy services rendered
- ~the information released is for the specific purpose stated above
- ~my medical records may contain reports that only a physician can interpret
- ~I **will not** hold Hill Country OB/GYN Associates liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation
- ~the payment of the above fee is due prior to my records release and that within fifth teen (15) days of receipt of payment, my records will be available

Patient Signature: _____

Date of Request: _____

Witnessed By: _____

Date of Appointment: _____