



# BELLAIRE DERMATOLOGY

6565 West Loop South #800 | Bellaire, TX 77401 | P: 713.661.4383 | F 713.661.4346

## Authorization to Release/Obtain Health Care Information

Patient's Name: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize:  Howard Gerber, MD  Craig Teller, MD  Kayla McNiece, MD  
 Mildred Lopez, MD  Ali Dana, MD  Alison Messer, MD  
 Katy Hogan, PA-C  Elizabeth Charpiot-Mackie, PA-C  Paige Yelich, PA-C  
 Garland James, PA-C  Allison Bootin, PA-C

to:  release or  obtain

the following information from my medical records to / from (circle one):

Name of Person/Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Please check all information to be released:

\_\_\_\_ History & Physical \_\_\_\_ Pathology Results/Slides \_\_\_\_ Operative Reports  
\_\_\_\_ Progress Notes \_\_\_\_ Lab Results \_\_\_\_ Other (please specify) \_\_\_\_\_

This authorization covers medical care from: \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

The purpose for release of this information is:

\_\_\_\_ Personal Use \_\_\_\_ Legal Purposes \_\_\_\_ Insurance \_\_\_\_ Medical Care  
\_\_\_\_ Social Security / Disability \_\_\_\_ Other (please specify) \_\_\_\_\_

Authorization to fax medical records:  yes or  no

***I understand that this authorization is valid for 180 days from the date of signature. I also understand that I may revoke this authorization in writing at any time except to the extent that the action has already been made before the receipt of revocation. Additionally, I understand that a fee for preparing and furnishing this information may be charged according to ruling set forth by the Texas State Board of Medical Examiners.***

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Executor / Legal Representative

\_\_\_\_\_  
Date