



## Aseptic Primary & Family Practice Clinic LLC

1505 S Highway 6 Ste 240

Houston TX 77077

Phone: (832)-725-0271

[www.asepticprimarycare.com](http://www.asepticprimarycare.com)

### **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

PATIENT NAME \_\_\_\_\_  
Last Name First Name Middle Initial

HOME ADDRESS \_\_\_\_\_  
Street Address

\_\_\_\_\_ State City Zip Code

\_\_\_\_\_ Date of Birth

I hereby Request \_\_\_\_\_

\_\_\_\_\_ Street Address

\_\_\_\_\_ State City Zip Code

\_\_\_\_\_ Phone Number Fax Number

**To furnish a copy of ALL Available Medical Records of the patient named above in Progressive Medical Clinic.**

**Purpose or Need for Discloser:** Continued Patient Care

\_\_\_\_\_ I authorize the release of all information, including information recording HIV testing AIDS information

Initials substance abuse, alcohol use, psychiatric disorders and psychological disorder that may be included in my medical record. I hereby release your physician and staff from liability following this authorization and release.

\_\_\_\_\_  
Signature of Patient/Parent/Conservator/Guardian

\_\_\_\_\_  
Authority Relationship to Patient

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date