Tommy Bao Thang Pham, M.D., P.A.
12545 Briar Forest DR Suite A
Houston, TX 77077
Phone :(281)-531-5293 Fax :(281)-759-9175

AUTHORIZATION FOR DISCLOSURE OF MEDICAL RECORDS

1. Regarding Patient:

Name (Last, First, MI)		
Street Address		Telephone Number
City	State	Zip Code
TX Driver License # or SSN		DOB

2. Records Released From:

Name (Doctor, Health Facility, etc.)		
Street		
City	State	Zip Code
Phone#	Fax#	

3. Records Released To:

Name (Doctor, Health Facility, etc.) Pham Medical Clinic PA		
Street Address 12545 Briar Forest Dr Ste A		
City Houston	State TX	Zip Code 77077
Phone# 281-531-5293		Fax# 281-759-9175

4. INFORMATION TO BE RELEASE (check all applicable categories)

- □ Complete chart
- □ Problem list
- □ Progress notes
- □ History/physical exam
- □ Medication list
- □ Other _____
- □ Lab results from _____ to _____
- □ EKG reports
- □ Immunization record
- □ List of allergies
- □ Other diagnostic reports

_____

5. PURPOSE OR NEED FOR DISCLOSURE

- □ Further medical care
- □ Legal investigation
- □ Academic studies
- □ Payment of insurance claim
- □ Personal
- □ School disability
- □ Application for insurance
- □ Other_____

6. This authorization will remain in effect until request is processed unless you specify this authorization will effective for an additional time period. Written consent is necessary to revoke this request.

- □ Additional time period. Specify _____ □ None
- □ Include future records generated during the additional time period

7. I authorize release of my medical records in accordance with the specification listed above. I understand that I have a right to inspect and receive a copy of the disclosed material. A photocopy of this consent shall be valid as the original.

8. I understand there is a fee as permitted in the Medical Practice Act of Texas, section 165.2(e).

9. Signature of Patient: _____ **Date:** _____
(If signed by person other than patient, state relationship and authority to do so.)

10. NOTE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from confidential records, which are protected by law. Unless you have further authorization, laws may prohibit you from making any further disclosure of this information without the specific written consent of the patient or legal representative involved.