

Endocrine Consultants of Texas
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AUTHORISATION FOR RELEASE OF MEDICAL RECORDS

I hereby authorize: **Endocrine Consultants of Texas**
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To furnish a copy of my medical records, including any HIV, AIDS, alcohol, psychotherapy, drug and financial information to the following: I hereby absolve Endocrine Consultants of Texas of any liability to such transmission by mail, fax, or in person of said records, which may be used for:

Insurance Company, Financial/Treatment Related Matters.

Specific request for medical records should be sent separately and Medical Records will be released only after prepayment has been made. In accordance with The Texas Law you will be charged at the following rate: \$25 for the first 20 pages and \$0.50 per page there after. A \$5 shipping and handling fee applies to the records being sent. Please allow 10-15 working days for records to be completed.

Patient's Signature: _____ Date: _____

Print Name: _____

Guardian Name (if Minor): _____

Date of Birth: _____

Address: _____