

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS FROM JESSICA B. HOLT, MD, PA

I hereby authorize: Jessica B. Holt, MD

Address/Phone #: 23232 Kingsland Blvd Katy, Tx. 77494
820 Gessner Suite 1560 Houston, Tx. 77024
Phone: 713-906-7998/ Fax: 713-365-2997

Patient Name: _____

Patient Address: _____

Patient Date of Birth: _____

I specifically authorize the release of my medical records to:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone/Fax Number: _____

The purpose for the release of my medical records: _____

The following information is to be released:

- All
- Other: _____

I also understand that I may revoke this authorization at any time by notifying the office except to the extent required by law. I understand that such revocation will not have any effect on any information already used or disclosed by our office before we received the intent to revoke the authorization. This authorization will expire 180 days from the date of my signature or as otherwise specified by date, event or condition as follows: _____

The information to be used or disclosed pursuant to this authorization may include information relating to: (1) Acquired immunodeficiency syndrome (AIDS) or (2) human immunodeficiency virus (HIV) infection, treatment for drug or alcohol abuse, or (3) mental or behavioral health or psychiatric care. If you are requesting psychotherapy session notes maintained by our office, a separate authorization form must be completed. If neither federal nor state privacy laws apply to the recipient of this information, I understand that the information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by federal or state privacy laws. This authorization is voluntary and I may refuse to sign this authorization form. I understand that I am not required to sign this authorization form in exchange for the patient receiving treatment for Jessica Holt.

Patient/Guardian/Legal Representative Signature

Date

Relationship to patient

Witness

Date