

Benbrook Medical and Sleep Center

320 Mercedes Street

Benbrook, TX 76126

817-249-7323

Medical Records Request Form

All portions of this form must be completed in order to have a valid authorization for release of health information under the Health insurance Portability Accountability ACT (HIPPA) privacy regulations.

Patient's Name: _____ DOB: _____

Social Security: _____

Facility authorized to release my health information:

Agency or Individual authorized to received my health information:

Facility Address: _____

Facility Telephone: _____

Health information that may be used/disclosed is limited to the following:

- Progress Notes History & Physical Operative Notes Emergency Room Report
- Imaging/Xray Lab Discharge Notes Pathology Report
- Consultations Sleep Study DME Entire Record

Health information is limited to the following dates: _____

This **Release of Information** will remain in effect until terminated by me in writing.

Messages

Please call [] my home [] my work [] my cell Number: _____

If unable to reach me:

[] you may leave a detailed message

[] please leave a message asking me to return your call

[] _____

Signed: _____ Date: ____/____/____