



# AUTHORIZATION TO RELEASE/ DISCUSS HEALTHCARE INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, authorize release of information from:  
(full name)

**Pecan Tree Pediatrics**  
FAX: 469-757-4890 (all locations)

**Lakewood**  
6301 Gaston Avenue, Ste 125P  
Dallas, Texas 75214  
(214) 214-3100

**Rockwall**  
1005 W Ralph Hall Parkway, Ste 135  
Rockwall, Texas 75032  
(972) 772-3100

**Wylie**  
3360 W FM 544, Ste 910  
Wylie, Texas 75098  
(972) 429-4800

Information to be released/discussed TO:

Clinic/Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PURPOSE OF RELEASE (please check one):**

Changing Physicians  Legal  Other \_\_\_\_\_

Although it will be requested, I understand confidentiality at the receiving end cannot be guaranteed.  
Transfer of care to other local practices will not be allowed to return for care at Pecan Tree Pediatrics.

**TYPE OF INFORMATION TO BE RELEASED:**

General Medical Records - excluding protected material

**\*\*PLEASE INCLUDE GROWTH CHARTS AND IMMUNIZATION RECORDS, AS WELL AS GENERAL NOTES\*\***

Specific Information Only: \_\_\_\_\_

Other Practitioners Records

Other: \_\_\_\_\_

**PROTECTED OR SENSITIVE INFORMATION:**

I understand that certain information cannot be released without specific authorization as required by law.

By initialing, I authorize release of the following protected information:

\_\_\_\_ Mental Health Information:

\_\_\_\_ Drug Abuse/Alcoholism Information

\_\_\_\_ AIDS/HIV Test results- including high risk behavior

\_\_\_\_ Other sexual information such as dysfunction or related diseases

**I UNDERSTAND THAT:**

\*\*I can revoke my consent at any time prior to the release of records by delivering a written, signed and dated notice of my wish to Pecan Tree Pediatrics.

\*\*I can refuse to disclose some or all of my records, but if I do so, it could result in any improper diagnosis or treatment, denial of coverage of a claim for health benefits or other adverse consequences. Incomplete records may be labeled to inform the receiving of their status.

\*\*I can edit and/or obtain a copy of this release upon request.

\_\_\_\_\_  
Signature of Parent/Guardian or Authorized Representative

\_\_\_\_\_  
Date