LOTUS
Gynecology, Health & Wellness

Authorization for Release Medical Records

Patient Name: _____DOB: _____SS#:_____

Address: _____City, State, Zip: _____

I authorize the release of medical records:

□TO □FROM:
Dr. Saima Jehangir
3407 Glenview Ave.
Austin, TX 78703
Ph: 512-716-0971 Fax: 844-445-0907

□TO □FROM:
Name:_____
Address: _____
City, State, Zip:_____
Phone, Fax: _____

Information to be released:
(I understand that this information may include information on sexually transmitted disease, AIDS, HIV, mental health, alcohol/drug abuse.)

_____ **YES**, I authorize the release of this information _____ **NO**, I do not authorize the release of this information.

□ History & Physical □ Consultations □ Operative Report □ Progress Notes

□ Laboratory □ Radiology/MRI/CT □ Other _____

Purpose for release of information:

□ Personal Use □ Legal Purposes □ Insurance

□ Continuing Medical Care □ Social Security/ Disability □ Other _____

I understand that the information released is for the specific purpose stated above. Any other use of this information without patient's written consent is prohibited. I understand that I have the right to revoke this authorization (in writing) at any time. The revocation will not apply to information already released in response to this authorization. A revocation will NOT apply to my insurance company when law provides my insurer with the right to contest a claim under my policy.

The requested copies of medical and/or billing records or a summary or narrative of the records shall be furnished within 15 business days after the date of receipt of the request and reasonable fees for furnishing the information.
I understand there may be a charge for copies of my medical records. ***A reasonable fee shall be a charge of no more than $25 for the first twenty pages and $.50 per page for every copy thereafter.***

_____ _____ _____
Signature of patient, or legal guardian Relationship to Patient Date

_____ _____ _____
Witness Date Expiration date

3407 Glenview Ave., Austin, Texas, 78703
Ph: 512.716.0971 Fax: 844.445.0907
www.lotusobgyn.com

This authorization is valid **1 year from date above,** unless otherwise specified.