

Kristin N. Schmidt, MD, PLLC



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MEDICAL RECORDS RELEASE

There is a \$25.00 charge for the first 20 pages or less, and \$0.15 for each additional page after 20.
This fee must be paid BEFORE documents are produced.

Please fill in all blanks. Incomplete or altered forms will be returned by mail for completion before processing.

Allow 2 weeks to process completed requests.

I HEREBY AUTHORIZE:

Kristin N. Schmidt, MD, PLLC
2222 Greenhouse Rd, Suite 1800 Houston, TX 77084
Telephone 713-464-2100 Fax to 832-321-5593

To furnish a copy of medical records, which may include information concerning the results and/or treatment of HIV, AIDS, Mental Health, Alcohol and/or Drug Abuse, of the patient listed below. Upon making this request I hereby release you, your physicians and employees from liability for following this authorization request.

For the purpose of:

- Insurance Claim Pending
- Personal Copy
- Moving out of town
- Second Opinion
- Primary Care Physician
- Change in Insurance Plan
- Application for Life/Health Insurance
- Legal Representation
- Transferring care due to: _____
- Other: _____

INFORMATION TO BE RELEASED: Please specify which time period is requested.

- Date of Service: FROM _____ TO _____
- Pap Smear
 - Office Notes
 - Labs
 - Mammogram
 - Operative Report
 - Prenatal Record
 - All Records
 - Other: _____

This authorization is valid for 120 days from the date of signature. Any changes in authorization must be in writing.

Regarding (Patient Name) _____

SS # _____ Date of Birth _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Work Phone _____

PatientSignature _____ **Date** _____

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