



Rafael D. Guerrero, M.D.

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AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_

I request and authorize:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax (required): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

to release healthcare information of the patient named above to Dr. Rafael D. Guerrero.

Records may be faxed to: 281-398-9823

The following information from the records is to be released:

- ( ) Medical History and Evaluation
( ) Developmental and/or Social History
( ) Progress Notes and Treatment Notes
( ) Laboratories
( ) Verbal Communication
( ) ALL OF THE ABOVE
( ) Letter for: \_\_\_\_\_
Name: \_\_\_\_\_
Address: \_\_\_\_\_
( ) Do NOT Release Information

These records concern the time between \_\_\_\_\_ and \_\_\_\_\_ or \_\_\_\_\_ Drug and alcohol information and HIV related information contained in the records will be released unless showed here.

( ) DO NOT RELEASE.

I fully understand this Authorization to Release Records and Information as to the nature of the records, their contents, the consequences and implications of its release, and my request is completely voluntary on my part. I release \_\_\_\_\_ (name of person, facility, school, professional, etc.) from any liability arising from their release.

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

§ 2.32 PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2.

Signature of Client Authorizing Release of Information \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Authorizing Release of Information, if Not Client \_\_\_\_\_ Date & Relationship to Client \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_