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**AUTHORIZATION TO RELEASE
 RECORDS AND INFORMATION**

Patient's Name: _____ Date of Birth: _____
 Previous Name: _____

I authorize Rafael D. Guerrero, M.D. to release healthcare information of the patient named above.

Records may be faxed to:

Name: _____
 Phone: _____ Fax (required): _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

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 DRUG AND ALCOHOL INFORMATION AND HIV RELATED INFORMATION.

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 Dr. Rafael D. Guerrero from any liability arising from their release. I am also authorizing the parties above to exchange information about the above listed purposes for the release of records.

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. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient [52 FR 21809, June 9, 1987; 52 FR 41997, Nov. 2, 1987]

Signature of Client Authorizing Release of Information	Date
Name of Person Authorizing Release of Information, if Not Client	Date & Relationship to Client
Witness	Date