

**PATIENT'S AUTHORIZATION FOR RELEASE OF INFORMATION
FROM COVENANT HEALTH SYSTEM LUBBOCK
TO _____**

PATIENT NAME: _____ Date of Birth _____
MEDICAL RECORD NO. _____ SOCIAL SECURITY NO. _____
ACCOUNT # _____
TREATMENT PERIOD FROM _____ TO _____

I hereby authorize _____ to release information related to the treatment of the above named patient.

INFORMATION TO BE RELEASED:

Any and all records, not to exclude drug, alcohol and other defined illnesses: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Microscopic Sides | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> Diagnostic Findings | <input type="checkbox"/> Previous Radiation Records | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Operative Notes | <input type="checkbox"/> Port Films | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Program Plans | <input type="checkbox"/> Physical Therapy Evaluation | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> Occupational Therapy Evaluation | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Lab Work Results | <input type="checkbox"/> Speech & Language Evaluation | |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Psychological Evaluation | |
| <input type="checkbox"/> Films | <input type="checkbox"/> Other: _____ | |

INFORMATION RELEASED TO _____
NAME OF PERSON OR AGENCY

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RELEASED IN THE FORM OF VERBAL REPORTS AND/OR OF SAID RECORDS FOR STATED PURPOSE ONLY:

(Any other use is forbidden) Continuing Medical Care Personal Use Legal
 Insurance Disability
 Other (specify) _____

This consent will expire one hundred eighty (180) days after the date below or sooner, at my election.

Patient

Signature of Witness

Parent/Legal guardian

Printed Name

Date

Title

COVENANT HEALTH SYSTEM
LUBBOCK, TEXAS
**PATIENT'S AUTHORIZATION
FOR RELEASE OF INFORMATION
FROM COVENANT HEALTH SYSTEM**

