



**PATIENTS REQUEST AND AUTHORIZATION  
FOR RELEASE OF MEDICAL INFORMATION**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

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This will authorize any hospital, clinic or physician to release any x-rays, laboratory reports, physician progress notes, consultation reports, operative reports or discharge summaries regarding my medical and physical condition. You are hereby authorized and directed to permit the release of and/or copying or reproduction in any manner, whether mechanical, photographic or otherwise all of my medical records to Alamo City Medical Group and/or its duly authorized agents for. This authorization will remain in effect for a period of two years from the date hereon or until I revoke the same in writing. I understand that the information that is disclosed by ACMG and is protected by the privacy provisions of the Health Insurance and Portability Act of 1996 45 CFR Section 164.508. I hereby agree that a photostatic copy or fax of this authorization shall be considered as effective and as valid as the original.

Please send my records to: **ALAMO CITY MEDICAL GROUP**

<b>CLINIC</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>FAX</b>
<input type="checkbox"/> Castle Hills	2211 NW Military Hwy, #201 SAT 78213	696-2264	340-5276
<input type="checkbox"/> Eastside	3453 IH 35 North, Suite 207B SAT 78219	227-8080	223-3343
<input type="checkbox"/> Nix	414 Navarro, Suite 809 SAT 78205	225-4810	225-4847
<input type="checkbox"/> Riverwalk	408 Navarro SAT 78205	272-1741	272-1747
<input type="checkbox"/> Schertz	5000 Baptist Health Dr. # 102 Schertz, TX. 78154	566-2656	566-2690

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date

Relationship: \_\_\_\_\_

*\* Please send us a copy of any medical information in regards to the above-mentioned patient. Any assistance towards this matter will be greatly appreciated.*