

Authorization to Release Medical Information

Section I

Name of Patient: _____

HHSC is requesting completion of a medical report to determine your eligibility for services. When you sign this authorization, you are giving HHSC permission to contact your doctors and medical facilities to request copies of your health information as indicated below. Your signature is required on this authorization form to determine your eligibility for services.

I authorize (Write the name of the doctor, medical facilities or other health care providers.) _____

to complete Form H1263-B, Certification of No Medical Contraindication — Dental, and release to HHSC.

For the authorization to obtain your medical information, please indicate an expiration date or indicate open-ended if you prefer no date of expiration.

This authorization expires: ☐ Date: _____ ☒ Open-ended

Section II

Signature – Client or Personal Representative

Date

☐ If you are signing for the client, please describe your authority to act for the client:

NOTE: If the person requesting the release of case information cannot sign his name, two witnesses to his mark (X) must sign below:

Witness

Date

Witness

Date

Section III

Notice to Client — HHSC, as receiver of this information, will protect your personal health information in accordance with federal and state privacy regulations. If you authorize release of your health information to other parties, it may no longer be protected by privacy regulations.

You can withdraw permission you have given your doctor or health care provider to use or disclose health information that identifies you, unless they have already taken action based on your permission. You must withdraw your permission in writing.

If you, as the receiver of the item, or your authorized representative have a complaint about the item(s), you are responsible for making the complaint directly to the Texas Department of State Health Services, Environmental and Consumer Safety Section, Drugs and Medical Devices at 512-834-6755.