A Place Of Caring

Hope Speaks, PLLC
1200 East Collins Blvd. Suite #300
Richardson, Texas 75081
Phone: (972) 669-1733
Fax: (972) 669-1403

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Phone:** _____

I HEREBY AUTHORIZE:
(Name of person/facility which has information)

Name/Facility: _____

Address: _____

_____

Phone: _____ **Fax:** _____

TO SHARE MY HEALTH INFORMATION WITH:
(Name of person/facility to receive information)

Name/Facility: _____

Address: _____

_____

Phone: _____ **Fax:** _____

TYPE OF DISCLOSURE (CHECK ALL BOXES THAT APPLY):

1. ☐ **Verbal Information/Communication**

2. ☐ **Copies of records/written information:**

☐ Complete Record ☐ Initial Evaluation ☐ Progress Notes ☐ Lab Reports

☐ Written Reports (Letters, Completed Forms, Etc) ☐ Billing Records (Financial Histories Fee Tickets Etc)

☐ Other (Specify) _____

THE PURPOSE OF THIS RELEASE IS:

☐ Continuity Of Care

☐ At The Request Of The Client/Patient/Patient Representative

☐ Other (State Reason) _____

I hereby authorize Hope Speaks, PLLC to release/obtain medical information regarding my care and treatment in the manner stated above. I also acknowledge that I have been advised of the notifications and the revocation process as stated on the back of this page.

_____ _____ _____

Printed Name and relationship to patient **Signature** **Date**

***** PLEASE BE SURE AND SEE PAGE 2 OF THIS RELEASE BELOW *****

NOTICE

Hope Speaks, PLLC and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.
I understand that this authorization applies to all records created in the course of my treatment, including information regarding my medical condition and treatment, mental health, alcohol/drug abuse diagnosis and treatment, and communicable disease status, including AIDS/HIV.
In consideration of the release of information by Hope Speaks, PLLC in accordance with this request, I hereby release Hope Speaks, PLLC its agents, servants, and employees from any and all claims, demands, or liability of any kind which might arise out of the release of such information and the effects thereof.

This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

This Expiration of Authorization: This authorization remains in affect until we receive your written authorization to revoke this release. The revocation will take effect when Hope Speaks, PLLC receives it, except to the extent Hope Speaks, PLLC or others have already released the information. You are entitled to receive a copy of this Authorization. Authorization may be revoked at any time. **The revocation must be in writing, signed by you or your patient representative, and delivered to:**

Hope Speaks, Medical Records Department
1200 E. Collins Blvd., Suite 300. Richardson, TX. 75081
medicalrecords@hopespeaks.com
Fax: 972) 669-1403

For Hope Speaks Use Only (check applicable):

Records Request was:

☐Mailed to address on page 1 Date mailed_____ Initials: _____

☐Faxed to number on page 1 Time Faxed _____ Initials: _____

Records Released:

☐Mailed to address on page 1 Date Mailed _____ Initials: _____

☐Faxed to number on page 1 Date Faxed _____ Initials: _____

☐Patient picked up at office Date Ready_____ Initials:_____

Request for Verbal information Only:

☐Filed Release in chart Date filed_____ Initials:_____

Records not released:

Reason: _____

☐Filed Release in chart Date filed_____ Initials:_____