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AUTHORIZATION FOR RELEASE OF INFORMATION

_____ COMPLETE MEDICAL RECORDS
 _____ RECORDS OF CARE FROM _____ TO _____ ONLY.
 _____ OTHER (PLEASE SPECIFY) _____
 _____ PARTNER SEMEN ANALYSIS (partner MUST sign)**

HIV/AIDS: I consent to the release of any positive or negative results for AIDS or HIV infection, antibodies to AIDS, or infection with any other causative agent of AIDS, with the rest of my medical records. Initial _____ Date _____
 Initial _____ Date _____ (partner)**

Reason for Release: (Article 44595b, sec. 5.08(j) Texas Revised Civil Statutes requires that an authorization for release of medical records includes the "purpose of the release.")

_____ Change of physician _____ Moving patient
 _____ Application for Insurance _____ Worker's Compensation/Disability
 _____ Consultation with another physician _____ Other _____

Records Requested From:

Send Records To:

 Physician's Name

 Address

 City, State and Zip

 Phone Number and Fax Number

 Physician's Name

 Address

 City, State and Zip

 Phone Number and Fax Number

I understand that a reasonable amount of time (not to exceed 15 days) may be required to retrieve my records. If possible, please send by _____. A fee may be charged according to TMA guidelines. The fee for records is \$25.00 for the first 20 pages then .50¢ per page thereafter plus postage.

I, undersigned, do hereby authorize the release of information above from my medical records. I understand that reports may include information on drug/alcohol/psychological or communicable disease treatment.

I understand that I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it. A photocopy of this consent shall be considered valid. This authorization expires automatically in one year.

Patient's Full Name (PLEASE PRINT) _____

Date of Birth _____ **Social Security Number** _____

Patient's Signature _____ **Date** _____

Witness _____ **Date** _____

Partner's Signature _____ **Date** _____ **

Witness _____ **Date** _____ **