



Patient Authorization for Release of Protected Health Information

This is an authorization under the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996(45CFR-164.5008) It authorizes Texas Liver Consultants at The Texas Liver Institute and/or any of its physicians to use/disclose or obtain my medical records:

____ Julio Gutierrez, MD

____ Eric Lawitz, MD

____ Fred Poordad, MD

Under the Privacy Rules, I have the right to revoke the authorization at any time, and Texas Liver Consultants at The Texas Liver Institute and/or any of its physicians must cease using this authorization. However, Texas Liver Consultants may complete any action it initiated prior to revocation and which rely on my medical records for completion. Any disclosed information may be subject to redisclosure by the recipient.

You may send your revocation in writing to 607 Camden St. San Antonio, TX 78215

Name: _____

DOB: _____

S.S. # _____

I understand that the information in my health records include information related to sexually transmitted disease (AIDS, HIV). It may also include information related to behavioral or mental health service and treatment for alcohol and drug abuse.

This authorization expires 10 years after the date signed or _____.
Enter date here

Please print name

Signature of Patient or Legal Representative

Date

If signed by Legal Representative
Relationship to Patient

Signature of witness

____ Laboratory ____ X-Rays ____ Progress Note(s) ____ Other

Rev: July 2014