Katy Memorial Pediatrics

Francisco E. Moreno, M.D. & Associates
Natasha Shah, MD. Ramaswamy Nithya, M.D.

23920 KATY FREEWAYS, STE 310
KATY, TEXAS 77494

OFFICE: 281-392-8920
FAX: 281-392-6950

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: ______________________________ Date of Birth: __________

Address: ______________________________ City, State, Zip: ______________

I request and authorize (Former Doctor): Name: ______________________________

Address: ______________________________

____

Phone: ______________________________

Fax: ______________________________

To release healthcare information of the patient named above and send copies TO:

Katy Memorial Pediatrics
23920 Katy Fwy, Ste 310
Katy, TX 77494

Fax #: 281-392-6950

This request and authorization applies to:

☐ History & Physical Exam
☐ Immunization Records
☐ All Information

☐ Other: ______________

For the Purpose of:

☐ Insurance Reasons n Moving
☐ Transfer to another Pediatrician (Reason)

☐ Other: ______________

(This consent and authorization includes, for the period indicated, those care and treatment records designated, pertaining to: physical illness; emotional/mental illness; AIDS/HIV test results, diagnosis, treatment or related information (if any); and/or alcohol and drug use.)

Parent or Guardian Signature: ______________________________ Date: __________

* I understand that Katy Memorial Pediatrics, d.b.a. Francisco E. Moreno, MD, PA, may not condition my treatment on whether I sign this authorization unless specified above. I can inspect or copy me protected heath information to be used or disclosed. I authorize Katy Memorial Pediatrics to use and disclose the protected health information specified above.
* I understand that information used or disclosed pursuant to this authorization may be subject to redisdosure by the recipient nd may no longer be protected by federal HIPPA privacy regulations.
* I understand that I may revoke this authorization at any time except id the extent that action has been taken in reliance on it.

This authorization will expire ninety (90) days from the date of my signature.