

CORRIDOR PRIMARY CARE PEDIATRICS
601B Leah Ave
San Marcos, Texas 78666
PHONE: (512) 392-1700 FAX: (512) 396-8743

REQUEST FOR RELEASE OF MEDICAL RECORDS

VERIFICATION OF RECEIPT (Please complete and return to the sender immediately upon receipt)

Records requested from:

Records to be released to:

Corridor Primary Care
601 B Leah Ave.
San Marcos, Tx 78666

I hereby authorize release of medical records considered pertinent for ongoing medical care of the following patients _____ by mail _____ by fax

(patient name)

(DOB)

(patient name)

(DOB)

Records requested are for purpose indicated: Continued medical care _____
Insurance _____ Other _____

Signature of Parent/Guardian

Date

CONFIDENTIALITY NOTICE: The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, or taking of action in reliance of the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please notify us by phone immediately. PROHIBITION OF REDISCLOSURE: The enclosed information has been disclosed from confidential records which are protected by federal law. Federal regulations prohibit the redisclosure of the information without the written consent of the person to whom it pertains.