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FAXED AUTHORIZATION AND REQUEST FOR MEDICAL RECORDS

Enter contact information below for the Medical Practice and/or Physicians being requested to supply records:

To: Medical Records Department of _____
 Enter name of Medical Office and Physician above

Fax: _____

Phone: _____
 Enter Address, City, State, and Postal Code above

From: _____ **Attention:** _____
 Patient Name or AllMedPhysicians, pLLC.

Message: Authorization for Release of Medical records from Medical Office listed above for continuity of care in regards to the patient consenting below. Please Fax records back to: (512) 295-4777 or mail to the address listed below.

I authorize the office listed above to release my medical records to:
 AllMedPhysicians, pLLC. – Dr. Linda Carney.

Please release the following records:

- _____ All Medical Records _____ Medical Summary / Progress Notes (Last four Progress Notes)
- _____ Labs _____ Diagnostic Imaging Reports (x-ray, Dexa, Mammo, US, CT, MR)
- _____ Consult Notes _____ Operative Notes
- _____ Hospital Records (ER records, Discharge Summaries, Inpatient Stay Records, All Diagnostic Results)

I agree that this authorization to release records will be as valid on a faxed copy or photocopy as it is on the signed original.

_____ Date of Patient's Birth
 Print Patient Name

_____ Date
 Patient Signature/Legal Guardian Signature

Exceptional Records (Release of these records requires a separate signature in order to approve release):

- _____ Psychiatric Records _____ HIV Status

_____ Date of Patient's Birth
 Print Patient Name

_____ Date
 Patient Signature/Legal Guardian Signature

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 CONFIDENTIALITY NOTICE: This message is intended only for the use of the individuals or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone (collect, if necessary) and return the original message to us at the above address via the US Postal Service. Thank you.