



Urgent Doc

Urgent Care Clinic

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Lufkin, TX 75901
Phone:936-634-3627
Fax:936-633-2398

1615 West Church Street
Livingston, TX 77351
Phone: 888-634-3627
Fax: 936-622-2633

4909 North Street, Ste 202
Nacogdoches, TX 75965
Phone: 936-560-9898
Fax: 936-564-3849

20304 US Hwy 59, STE D
New Caney, TX 77357
Phone: 346-954-9998
Fax: 346-261-1046

AUTHORIZATION TO RELEASE MEDICAL RECORDS

PATIENT NAME: _____ DOB: _____ PHONE: _____

I AUTHORIZE THE FOLLOWING INFORMATION BE DISCLOSED:

_____ ALL RECORDS
_____ LAB TESTS
_____ X-RAY RESULTS
_____ BILLING RECORDS
_____ SCHOOL PHYSICAL
_____ OTHER: _____

DATES/DATE RANGE OF RECORDS REQUESTED: _____

RELEASE INFORMATION TO: _____

NAME OF PERSON/PROVIDER/CLINIC/ORGANIZATION: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

REASON FOR DISCLOSURE OF MEDICAL RECORDS:

_____ AT MY REQUEST
_____ JOB
_____ SCHOOL
_____ PHYSICIAN
_____ INSURANCE
_____ LEGAL
_____ OTHER: _____

SIGNATURE OF PATIENT OR GUARDIAN: _____

RELATIONSHIP TO PATIENT: _____ DATE: _____

CLINIC WITNESS SIGNATURE: _____ DATE: _____

ID VERIFIED? _____

TEXAS LAW ALLOWS MEDICAL RECORDS DEPARTMENTS 15 BUSINESS DAYS TO RESPOND TO MEDICAL RECORDS REQUESTS.

This record release expires one (1) year after the date originally signed by the patient/patient representative.