AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

(In Conformance with HIPAA Federal "Privacy Rule" Regulations)

	s:	
	Family Court Services of Tarrant County 200 E Weatherford Street 2nd Floor, Family Law Center Fort Worth, Texas 76196-0258	5 CRF §164.508(c)(l)(iii): Caseworker's name: Direct telephone no. Facsimile no. 817-212-7063 Email:
Patient's	s name:	Social Security No
Date of birth:		
I, the un	dersigned, authorize release of information specified below	v from the medical record(s) of the above-named patient.
The pat	ient information is needed for legal purposes. 45 CRF §	164.508(c)(l)(iv)
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	tion of records/information to be released (check all tha	
	n-patient dictation and diagnostic reports for date(s) of servi	2
	gency room notes and diagnostic reports	☐ Case notes
	ory and physical	☐ Intake/history
□ EKG		☐ Diagnosis
	cation records	☐ Results or summary of testing
	narge summary	☐ Other (please specify) All Records including
-	pathology reports	psychiatric/psychological/counseling
□ PFT		ps, emante ps, emerogram to anothing
	ative report	
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	ultation notes and reports	
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