Kristin N. Schmidt, MD, PLLC

Kristin N. Schmidt, MD,
Breanna Barry, N.P.

MEDICAL RECORDS RELEASE

There is a $25.00 charge for the first 20 pages or less, and $0.15 for each additional page after 20.
This fee must be paid BEFORE documents are produced.

Please fill in all blanks. Incomplete or altered forms will be returned by mail for completion before processing.

Allow 2 weeks to process completed requests.

I HEREBY AUTHORIZE:

Kristin N. Schmidt, MD, PLLC
2222 Greenhouse Rd, Suite 1800 Houston, TX 77084
Telephone 713-464-2100 Fax to 832-321-5593

To furnish a copy of medical records, which may include information concerning the results and/or treatment of HIV, AIDS, Mental Health, Alcohol and/or Drug Abuse, of the patient listed below. Upon making this request I hereby release you, your physicians and employees from liability for following this authorization request.

For the purpose of:

___ Insurance Claim Pending ___ Personal Copy ___ Moving out of town

___ Second Opinion ___ Primary Care Physician ___ Change in Insurance Plan

___ Application for Life/Health Insurance ___ Legal Representation

___ Transfer care due to: _____

___ Other: _____

INFORMATION TO BE RELEASED: Please specify which time period is requested.

Date of Service: FROM _____ TO _____

___ Pap Smear ___ Office Notes ___ Labs ___ Mammogram ___ Operative Report

___ Prenatal Record ___ All Records ___ Other: _____

This authorization is valid for 120 days from the date of signature. Any changes in authorization must be in writing.

Regarding (Patient Name) _____

SS # _____ Date of Birth _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Work Phone _____

Patient Signature _____ **Date** _____