CARITAS

FAMILY MEDICINE

Dr. Jeffrey A. Cannon Dr. Michael J. Rosedale
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San Antonio, TX 78233
(210) 650-9066
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REQUEST TO OBTAIN MEDICAL RECORDS

I hereby request that my medical records be released to the address above from:

Physician Name: _____

Address: _____ Phone: _____

_____ Fax: _____

Records to include:

- ❑ All records
- ❑ Only the following:
  - ❑ Office notes ❑ Hospital notes ❑ EKG ❑ Xray reports
  - ❑ Immunization records ❑ Lab reports ❑ General correspondence
  - ❑ Consultation reports ❑ Billing records ❑ Substance Abuse Record
  - ❑ Results of HIV testing ❑ Mental Health Treatment Records
- ❑ Other: _____

PLEASE CHECK IF YOU DO NOT WANT THE FOLLOWING INFORMATION DISCLOSED:

❑ HIV/AIDS (including test results) ❑ Substance Abuse Record ❑ Mental Health Treatment Records

Reason for request:

- ❑ Transfer to new physician ❑ Specialist Consultation ❑ Change of insurance
- ❑ Insurance company request ❑ Moving ❑ Attorney request
- ❑ Continuation of Care ❑ Other

Patient's Name: _____ Date of Birth: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

THIS AUTHORIZATION AUTOMATICALLY EXPIRES ONE YEAR FROM DATE OF SIGNATURE, UNLESS OTHERWISE NOTED.