

# CARITAS

## FAMILY MEDICINE

Dr. Jeffrey A. Cannon    Dr. Michael J. Rosedale    Dr. David W. Talafuse, retired  
11901 Toepperwein Road, Suite 1201  
San Antonio, TX 78233  
(210) 650-9066 office phone (210) 650-9067 fax

### REQUEST FOR RELEASE OF MEDICAL RECORDS

I hereby request that my medical records be released to:

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: \_\_\_\_\_

Patient/Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization automatically expires one year from date of signature, unless otherwise noted.  
For paper copies, there will be a charge of \$25 plus \$0.25 per page over 25 pages, plus related shipping costs.  
For electronic copies, a \$25 fee will be assessed for 500 pages or less, and \$50 for records over 500 pages.  
Return this form to our office in person, fax to 210-650-9067, or email to [caritasefaxdocument@gmail.com](mailto:caritasefaxdocument@gmail.com).  
Payments for medical records can be made at [www.caritasfm.com](http://www.caritasfm.com), using account #MEDREC001.