

Sugar Land Advanced OB/GYN Center, P.A.
TOM T. NGUYEN, M.D., F.A.C.O.G.
Obstetrics, Gynecology & Infertility
Diplomate, American Board of Obstetrics & Gynecology

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Tel: (281) 322-2222 • Fax: (281) 265-0928

AUTHORIZATION FOR RELEASE OF HEALTHCARE INFORMATION

I hereby authorize the following individual or organization to furnish a copy of my following records to Dr. Tom T. Nguyen at the above address.

Doctor's Name

Street address City, State, Zip code

Tel: _____ Fax: _____

- Prenatal records _____
- All records Progress notes Operative notes Discharge summary Pap smear
- Ultrasound CT scan MRI HSG reports X-Ray reports
- Other lab tests _____
- Date of service from _____ to _____

I understand that the information in my health records may include information related to sexually transmitted disease, AIDS, or HIV. It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

Reason for obtaining medical records:

Further medical treatment Self

Other _____

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the individual or organization releasing information. I understand that the revocation will not apply to information already released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurers with the right to contest a claim under my policy. I understand that any disclosure of information carries with it the potential for an authorized re-disclosure and the information may not be protected by federal confidentiality rules. I hereby release you, your physicians and employees from liability for following this authorization and request. Unless otherwise revoked, this authorization expires upon completion of this request or 180 days after the date of signature.

Medical Record fees: \$25 for the first 20 pages and \$0.50 for each copied page thereafter. A reasonable fee for actual costs for mailing, shipping or delivery of records may also be charged. Sugar Land advanced OB/GYN Center will furnish records within 15 business days after the date of receipt of the request. Payment in full is required prior to records being released.

Patient's name (Please print) _____
Patient's signature _____
Date of birth

Date signed _____
Chart number _____
Date request sent _____
Initial of person sending the request