Authorization to Request Information

I hereby authorize Bryan Selkin, MD to request my individually identifiable health information as described below, which may include information concerning communicable diseases such as Human Immunodeficiency Virus (“HIV’) and Acquired Immune Deficiency Syndrome (“AIDS’), mental illness (except for psychotherapy notes), chemical or alcohol dependency, laboratory test results, medical history, treatment, or any other such related information. I understand that this authorization is voluntary and I may refuse to sign this authorization.

I understand that my records may be subject to disclosure by the recipient, and may no longer be protected by federal privacy regulations.

____

Print Patient Name Date of Birth

I authorize you to release the following specified protected health information to:
Bryan Selkin, MD

12700 Park Central Dr
Suite 1210
Dallas, TX 75251
Phone: (972) 505-2551
Fax: (972) 521-3240

From the health records of:

USDP Plano, Mckinney, Flower Mound______________________________________

Name of physician/facility/entity

____

Street Address

____

City, State, Zip Phone Number Fax Number

Check all protected health information that may be released: **Dates may range:**

- All Medical Records
- Patient Notes
- Visit Notes
- Path Reports
- Lab Reports
- Procedure Reports
- Medical History
- Other
- Biopsy / RX History

From: ______________

To: ________________

Purpose of disclosure:

- Medical Care
- ❑ Attorney
- ❑ At the request of the patient
- Insurance
- ❑ Other: ____________________________________

I understand that this authorization will expire by law 180 days from the date of this authorization.

______________________________ ______________________________

Signature of Patient or Patient’s Representative Date

______________________________ ______________________________

Printed Name of Patient’s Representative OR Legal Authority (attach supporting documents)

______________________________ ______________________________

Relationship to Patient Bryan Selkin, MD Representative