THE PHYSICIANS CENTRE
3201 UNIVERSITY DR. E, SUITE 320
BRYAN, TEXAS 77802
PHONE: 979-704-5029

REQUEST TO INSPECT OR COPY PROTECTED HEALTH INFORMATION

PATIENT:

_____ _____
Patient Name/Previous Name(s) Date of Birth

_____ _____
Street Address, City, State, Zip Code Phone Number

RELEASE MY PROTECTED HEALTH INFORMATION TO: ☐ Myself ☐ Individual Noted Below

Individual Name:_____

Business Office (if applicable):_____

Street Address:_____

City, State, Zip Code:_____

Phone #:_____ Fax #:_____

INFORMATION TO BE DISCLOSED

Date(s) of Service:_____

___History & Physical	___Operative Reports	___Radiology Reports
___Progress Notes	___EKG Reports	___Pathology Reports
___Discharge Summary	___Laboratory Reports	___Consultations
___ ALL Medical Records	___Other:_____	

_____

We may be prohibited from making certain information available to you or you representative, including:
-Psychotherapy notes
-Information related to medical research in which you have agreed to participate
-Information related to legal proceedings
-Information obtained under a promise of confidentiality
-Information that federal or state laws prevent us from disclosing
-Information related to medical research in which you have agreed to participate
-Information for which the disclosure may result in harm or injury to your or to another person

This information is to be: ☐ Mailed ☐ Pickup ☐ Fax ☐ Inspect ☐ Other:

Please choose format: ☐ Paper Copy ☐ Electronic Media

YOUR RIGHTS WITH RESPECT TO THIS REQUEST:
Within the limitations of law, we will make every effort to accommodate your request. We will complete our review of your request and as requested either provide a copy or arrange for you to inspect your records within 30 days of your request, or provide you with a written explanation of any restriction on the information that we can provide you.

_____
Printed Name of Patient or Legal Representative

_____ _____
Signature of Patient or Legal Representative/Relationship Date

Please send medical records to:
Mailing Address: 3201 University Dr. E, Suite 320, Bryan, Texas 77802
Fax: 979-704-5033