

Glenn J. Bricken & Associates PC

25810 Oak Ridge Drive
The Woodlands, Texas 77380
(281) 364-0067 – Fax (281) 364-0712

Records Release Authorization

Patient Name: _____ Date Of Birth: ___/___/___

To / From: _____

Phone #: (____) _____ - _____ Fax #: (____) _____ - _____

I hereby authorize BRICKEN & ASSOCIATES PC to release information and/or copies of my records TO the Doctor, Facility, Institution or Person listed above.

X _____
Patient Signature (If patient is a minor, parent or legal guardian's signature) _____ Date

I hereby authorize BRICKEN & ASSOCIATES PC to receive information and/or copies of my records FROM the Doctor, Facility, Institution or Person listed above.

X _____
Patient Signature (If patient is a minor, parent or legal guardian's signature) _____ Date

If Signed by Guardian/Representative, Relationship of Patient Representative to Patient:

Expiration Date of Authorization

This authorization is effective through ___/___/20___ unless revoked or terminated by the patient or the patient's representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this by submitting a written revocation to **Bricken & Associates**.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once **Bricken & Associates** discloses it to another party.

Rights of the Individual

- You may inspect or copy information used or disclosed under this authorization.
- You may refuse to sign this authorization.

Effect of Refusing Authorization

If you refuse to sign this authorization, **Bricken & Associates** will not deny you any treatment except for research-related treatment or treatment that you have requested for the purpose of disclosure to others, including:

Treatment conditioned on authorization: _____

Patient Signature (If patient is a minor, parent or legal guardian's signature) _____ Date