INTERNAL USE ONLY:
Medical Record # _____ Account # V_____ AV #_____ ROI#_____

Moore County Hospital District
224 E 2nd Street Dumas TX 79029

Health Information Management Department (Medical Records)
Phone: 806-935-7171 ext: 2302, 2303 Fax: 806-935-3152

RELEASE OF PATIENT INFORMATION CONSENT FORM from other facilities to MCHD

Release Information From:_____

Address: _____
City State Zip Code

Phone: _____ Fax: _____

Reason for release is for continued care.

Please initial:_____

I hereby authorize the above physician or medical facility to furnish Moore County Hospital/Clinics with all medical data and information they may request, as listed below, concerning my illness or injury. I hereby consent to the release of any and all records containing alcohol and/or drug abuse and/or psychiatric diagnosis under the same consideration as outlined above. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations. I may revoke this authorization by notifying Moore County Hospital District in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. This authorization expires on the last day of the year it is signed. I further understand that I have a right to receive a copy of this authorization upon request.

Identifying Information:

Patient's Name at Time of Treatment: (Please Print)_____

Address: _____City: _____ State: _____ Zip: _____

Date of Birth:_____

Time Frame Requested: _____(1 year, 3years etc)

Information Requested:

❑ Discharge Summary ❑ History and Physical ❑ Operative Report ❑ X-ray ❑ Consultation
❑ Clinical Laboratory ❑ EKG, EEG ❑ Progress Notes ❑ Other: _____

Signed:_____ _____
Patient, Parent/Legal Guardian Date

_____ _____
Witness signature Date

Revised 10/2012, 5/2014, 6/2014, 1/2016, 12/2016, 11/9/17, 5/2018