ARTHRITIS & OSTEOPOROSIS CLINIC OF BRAZOS VALLEY

1721 Birmingham Dr., Ste. 204, College Station, TX 77845 · (979) 696-8000 · (979) 696-8100 fax

Board Certified in Rheumatology

Ricardo Pocurull, MD, PA, FACR **Rajpreet Singh, DO, PA, FACR**

Kati Langston, PA-C **Laura Smith, PA-C**

Release of Medical Information

Name of Patient	
Date of Birth	

Record request from:

Physician/Facility Name			
Address			
City, State Zip			
Phone		Fax	

Records released to:

Physician/Facility Name			
Address			
Phone		Fax	

Records to be released:

☐Lab Report	☐Imaging report	☐Clinical Notes	☐Entire history	☐Other:

Record time period:

☐Most Recent	☐ 3- 6 months	☐ Entire history	___/___/___ to ___/___/___

Right to revoke: I have the right to withdraw my consent at any time with written notice. Prior actions in reliance on this authorization will not be affected. *Please see privacy practice on instructions how to revoke*

Signature for authorization: I understand that information disclosed may be subject to re-disclosure and may no longer be protected by federal or state privacy laws. Refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without specific authorization or permission, including disclosures to covered entities as provided by the Texas Health & Safety Code § 181.154(c) C.F.R. § 164.502(a)(1).

Signature:_____Date:_____

Patient or Legally Authorized Representative

Printed name of legal representative: _____

This authorization will expire 90 days from date of signature.