ARTHRITIS & OSTEOPOROSIS CLINIC OF BRAZOS VALLEY

1725 Birmingham Rd., Ste. 200, College Station, TX 77845 · (979) 696-8000 · (979) 696-8100 fax

Board Certified in Rheumatology

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

Laura Smith, PA-C

Release of Medical Information

Name of Patient	
Date of Birth	

Records released from:

Physician/Facility Name	Ricardo Pocurull MD, Rajpreet Singh DO, Arthritis & Osteoporosis Clinic (AOC)		
Address	1725 Birmingham Rd. Ste. 200 College Station, TX 77845		
Phone	(979)696-8000	Fax	(979)696-8100

Record released to:

Physician/Facility Name			
Address			
City, State Zip			
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 ___/___/___	

Purpose: The purpose of this authorization to release medical information is for continuity of care at the request of the individual.

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: ____

Description of legal representative's authority to act for the individual:

____

This authorization will expire 90 days from date of signature.

Confidentiality Notice

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