TLC Pediatrics of Amarillo
3501 Soncy Road Suite 102. Amarillo, Texas 79119
(806)353-7900 Off. ● (806)353-8321 Fax
Dr. Taghreed Maaytah, F.A.A.P.

MEDICAL RECORDS RELEASE
Patient Authorization for Use and Disclosure of Protected Health Information

Date Requested:_____ To: Dr. Maaytah

Authorization Valid Until- Date:_____ (not to exceed 1 year)

Patient Name: _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Requested By: _____ Relationship:_____

By signing this I authorize TLC Pediatrics of Amarillo to release the Medical Records (Protected Health Information on the above named child(ren). This Protected Health Information is to the sent to:

Complete Name and Address of Physician or Clinic

_____

_____

_____

Patient/ Parent/ Legal Guardian Signature: _____
(Patient if over 18 years old)

Check Below:

❑ Complete Chart (There is a charge for this) Check medical information you want sent:

❑ Records forwarded by previous physicians
❑ Medical records while under our care
❑ Hospital administration
❑ ALL OF THE ABOVE
❑ X-Ray reports
❑ Consultations
❑ Laboratory results

OR

❑ Medication list, immunization record, growth chart and last well visit (there is a charge for this)
❑ Other, please specify what is needed:_____

Primary Physician Signature: _____

Release Completed By: _____ Date Sent: _____