CONROE WOODLANDS GASTROENTEROLOGY

DR. STEPHEN M. KELLY
1501 RIVER POINTE DR, STE 240 CONROE TX 77304
Phone: (936)760.1900 **Fax: (936)441.1907**
17198 ST. LUKES WAY, STE 620 THE WOODLANDS, TX 77384
Phone: (936) 321.2063

Authorization to Release or Request Patient Information

Date: _____

Patient Name: _____

Patient DOB: _____ Patient SS#: _____

Patient Address: _____

I authorize the release of information about myself …….

TOorFROM:_____ Phone: _____

Address: _____Fax: _____

DR. STEPHEN M. KELLY
1501 RIVER POINTE DR, STE 240 Phone: (936)760.1900
CONROE TX 77304 **Fax: (936)441.1907**

Specific Information to be released: _____

Covering dates from _____ to _____

For Purpose of _____

THIS CONSENT EXPIRES SIXTY (60) DAYS FROM TODAYS DATE:

I understand that my records are protected under the HIPPA confidentiality law and cannot be disclosed without written consent. I also understand that I may revoke this consent at any time, understanding that information may have already been released.

_____ _____
Patient Signature Date Legal Guardian or Parent Date

_____ _____
Witness Date Relationship to Patient