

LANCE A. SLOAN, M.D. and JUDY-ANN ACOSTA, PA-C

**Texas Institute for Kidney And Endocrine Disorders
10 Medical Center Blvd., Suite A
Lufkin, TX 75904
936-632-4282 * FAX 936-632-4249**

Patient's Name: _____ Phone Number: _____

Date of Birth: _____ Social Security Number: _____

I hereby authorize TIKED to use and disclose protected health information from my record(s).

RELEASE of Medical Records from the following facility: _____

Phone Number: _____ Fax Number: _____

PLEASE CHECK INFORMATION THAT MAY BE RELEASED:

- Progress Notes
- Consultations
- History & Physical
- Lab Reports
- Bone Density Report/ Records
- X-Rays
- Demographic / Insurance
- Other (Specific) _____

PLEASE INDICATE THE PURPOSE OF DISCLOSURE:

- Continued Medical Care
- Personal Use
- Relocating
- Other _____

I authorize Texas Institute for Kidney & Endocrine Disorders to request Medical Information regarding my treatment from date _____ to PRESENT.

By signing this form, I authorize you to release confidential health information to the Entity above for future treatment.

Signature of Patient/ Legal Representative

Date