



TLC Pediatrics of Frisco
Seth D. Kaplan, M.D.,P.A.

Medical Records Release Form

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the person(s) or entity listed below.

HIV/AIDS: I consent to the release of any positive or negative test result for AIDS or HIV infection, antibodies to AIDS, or infection with any other causative agent of AIDS with the rest of my medical records. **Initial:** _____ **Date:** _____

Limitations on the information you may release subject to this Release Form are as follows:

Release protected health information from the health records of:

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Release protected health information from:

Name: _____

Address: _____

Tel # _____ **Fax #** _____

Release my protected health information to:

TLC Pediatrics of Frisco
11700 Teel Pkwy, Suite 200
Frisco TX 75033
(214) 618-6272 fax (214) 618-6277

The reasons or purposes for this release of information are as follows:

Patient signature (or parent, guardian or legal representative):

(Date)

This consent expires one year from signature date listed above unless revoked earlier.

*** Please Note: Disclosure information is listed on the back of this form ***