KENNETH BAIRD, M.D., P.A.
3012 E. Hebron Pkwy. #110
Carrollton, TX. 75010
Phone: 972-820-6900 Fax: 972-820-7300

MEDICAL RECORD RELEASE

(Routine release for Treatment, Payment, and Healthcare Operations TMB Chapter 165 (pre-empts HIPAA)

Patient Name: _____

Date of Birth: _____

I hereby request and authorize Kenneth E. Baird, M.D. and/or staff personnel to (CHECK ONE):

- o OBTAIN my medical records from the following:
- o RELEASE my medical records to the following:

Name of Hospital or Physician:

_____

_____

Phone Number: Fax Number:

CHECK ALL THAT APPLY TO THIS RECORD RELEASE: This ROI will Expire 90 days from date signed.

- o ALL medical records
- o HIV results
- o Psychiatric history and treatment
- o Other:

_____

_____

All information I authorize to be obtained by this recipient will be held strictly confidential and cannot be released to a third party without my written consent. I understand that I may withdraw this consent at any time by written request. This request will expire in 180 days.

Printed Name: _____Signature: _____

Date: _____

Power of Attorney Printed Name: _____ Signature: _____

Date: _____