



Robert C. Raley, MD
Aline C. Zeringue, RN, ACNS-BC
Amanda Mishra, RN, ACNS-BC
Eileen M. Costa, APRN, FNP-C
Belinda Read, AGCNS-BC

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION
TO ATX PRIMARY CARE**

Patient Name: _____ Patient Date of Birth: _____

I Hereby Authorize Release of Information from:

1. _____

Provider/Practice Name	Address	Phone #	Fax#
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2. _____

Provider/Practice Name	Address	Phone #	Fax#
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3. _____

Provider/Practice Name	Address	Phone #	Fax#
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Specific Date(s) of Services Requested: _____

Medical Records to be Released: (Check all that apply)

- History & Physical
 Progress Notes
 Lab Results
 Radiology Reports
 Immunization Record
 Consultations
 Entire Medical Record
 Other: _____

This information may be sent to and used by the following individual or facility:

ATX Primary Care
Robert Raley, MD Aline C. Zeringue, ACNS-BC
Mandy Mishra, ACNS-BC Eileen Costa, FNP-C , Belinda Read AGCNS-BC
807 Stark St. Austin, TX 78756
(P) 512-452-2506 (F) 512-371-0187

I authorize the release of medical records to ATX Primary Care. This authorization expires 90 days from the date of signature.

Patient Signature/Patient Representative

Date