



### 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 NexGen Oncology or to the physician/person/entity listed below.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**The information you may release subject to the signed release form is as follows:**

- Complete Records     History & Physical     Progress Notes     Care Plan
- Lab Reports     Radiology Reports     Pathology Reports     Treatment Record
- Operative Reports     Hospital Reports     Medication Record     Other (Please specify below)

**Please release my protected health information to NexGen Oncology:**

The purpose/reason for this release of information is as follows:

- Continuation of Care     Second Opinion     Other: \_\_\_\_\_

**NexGen Oncology**  
**8440 Walnut Hill Lane Suite 400**  
**Dallas, TX 75231**  
**Phone: 214-345-5775 ~ Fax: 214-345-5776**  
**(Please Fax All Records)**

If you are requesting that NexGen Oncology releases your records to another provider please indicate below whom to release your protected health information to.

Release my protected health information to the following physician/person/facility/entity:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The purpose/reason for this release of information is as follows:

- Continuation of Care     Second Opinion     Other: \_\_\_\_\_

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient DOB or SS Number

\_\_\_\_\_  
Printed Name of Personal Representative

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Description of Personal Representative's Authority