UTHealth
East Texas Physicians

Patient Name: _____

Patient MRN: _____

**AUTHORIZATION TO VERBALLY DISCLOSE PROTECTED HEALTH INFORMATION TO FAMILY, OTHER RELATIVES, OR FRIENDS INVOLVED IN MY CARE**

**This authorization may not be used to release or obtain documented information**

**_____/_____/Expires one year from date of signature**

**Patient Name DOB**

**AT MY REQUEST, I AUTHORIZE THE UNIVERSITY OF TEXAS HEALTHSCIENCE CENTER AT TYLER TO VERBALLY DISCLOSE INFORMATION INCLUDING, BUT NOT LIMITED TO, MY DIAGNOSIS, RESULTS OF EXAMS, LAB RESULTS, DIAGNOSTIC TESTS, OPERATIVE, PATHOLOGY AND RADIOLOGY REPORTS, AND CONSULTATION REPORTS TO THE INDIVIDUALS LISTED BELOW WHO WILL BE DIRECTLY INVOLVED IN MY CARE AND TREATMENT.**

**Your initials are required to disclose the following protected or sensitive information:**

**_____Mental Health Records (excluding psychotherapy notes)** **_____ Drug, Alcohol, or Substance Abuse Records**

**_____Genetic Information (including Genetic Test Results)** **_____ HIV/AIDS Test Results/Treatment**

| NAME | RELATIONSHIP | PHONE NUMBER (Optional) |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

***(Please cross out any unused lines)***

- I understand that the information disclosed by this authorization may be subject to re-disclosure by the person that received the information and is no longer protected by state and federal privacy laws.
- I understand that treatment at UTHSCT will not be denied if I do not sign this authorization
- I understand that I can revoke this authorization at any time but I cannot revoke this authorization to the extent that UTHSCT has taken action in reliance on the authorization.
- Unless revoked, this authorization will expire one year from the date of signature.

_____ _____

**Patient/Legally Authorized Representative w/ Description of Authority** **Date**

_____

**Witness** **Date**

## REVOCATION OF AUTHORIZATION

**I,_____, hereby revoke or cancel this authorization effective _____.**

**Date**

_____ _____

**Patient/Legally Authorized Representative w/ Description of Authority** **Date**

_____ _____ _____ _____

**Witness** **Date** **Witness** **Date**