



New life. Better health. Naturally...

Vitae Clinic of Austin

Obstetrics & Gynecology

1600 W. 38th Street, Suite 115

Austin, TX 78731

Phone: (512) 458-6060

www.vitaeaustin.com

Release of Medical Records to Vitae Clinic, Inc.

Patient Name: _____ Other Names: _____

Address: _____ Date of Birth: _____

City: _____

State: _____ Zip: _____

Phone: _____ SSN: _____ - _____ - _____

I hereby authorize (Name of person/agency from whom information is requested): _____
(address of person/agency)

To release information to:

The Vitae Clinic, Inc.
The Jefferson Building
1600 W 38th Street, Ste 115
Austin, TX 78731

Medical Information to be released to include:

Lab results dated _____ Complete Medical Records
Progress notes dated _____ Other _____

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.

I specifically authorize the release of data and information related to:

Substance abuse (alcohol/drug abuse)	Yes	No	Not Applicable
Mental Health	Yes	No	Not Applicable
HIV- Related Information (AIDS related testing)	Yes	No	Not Applicable

Patient or Legal Guardian: _____ Date: _____

This authorization for release of information shall remain in effect no longer than ninety (90) days.