

Jones & Cowen Physical Therapy
283 E. Railroad Ave/PO BOX 1615
Giddings, TX 78942

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 the person(s) or entity listed below.

Limitations on the information you may release subject to this Release Form are as follows:

Release my protected health information to the following person(s)/entity:

Name: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

The reasons or purposes for this release of information are as follows:

Patient Signature [or parent, guardian or legal representative]:

Date: _____

I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.