

**AUTHORIZATION FOR RELEASE OF
PROTECTED HEALTH INFORMATION**



Patient's Name: _____
Last First Middle Maiden

Date of Birth: ____/____/____ Contact Number: _____

1. I hereby authorize

- Any and all Harris County Hospital District Community Health Centers
- Any and all Houston Department of Health and Human Services Health Centers
- Any and all Legacy Community Health Services Clinics
- _____
(Name of Physician/Clinic/Hospital/Institution, etc.)
- _____
(Name of Physician/Clinic/Hospital/Institution, etc.)
- _____
(Name of Physician/Clinic/Hospital/Institution, etc.)
- _____
(Name of Physician/Clinic/Hospital/Institution, etc.)

to release copies of all labs and related reports of the above named patient for the time period _____ to present.

- 2.** This information shall be released to: Houston Department of Health and Human Services, Bureau of Epidemiology, 8000 N. Stadium Drive, Houston, Texas, 77054.
- 3.** The Purpose of Disclosure is at the request of the above named patient as a participant in the research study, "Assessing the Accuracy of Self-Reported HIV Testing Behavior," approved by the Committee for the Protection of Human Subjects of the University of Texas Health Science Center at Houston (HSC-____-____-____).
- 4.** I understand that this request can be cancelled in writing. HDHHS, the above named facilities, and their employees will not be liable for releases made before I cancel this request.
- 5.** I understand that when the information is released based on this request; it may be subject to re-release by the recipient and may no longer be protected health information.
- 6.** I understand that the medical information indicated above may contain extremely confidential information including Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases (STD) test results.
- 7.** I understand that this release is valid until the conclusion of the research study. I can indicate an earlier expiration date here: _____.

Date Signature of Patient Relationship if not Patient