

Real Hope Real Help

2300 Highland Village Road, Ste. 210
Highland Village, TX 75077
Ph: (972) 966-1079 | F: (972) 767-0755
Patient@realhoperealhelp.net



**Authorization to Release Medical Records and
Protected Health Information**

All information must be completed in full to validate this request. Copies of medical records from **Real Hope Real Help** may take up to 15 business days and may incur a \$25 charge due at the time of request, except for the transfer to another mental health professional.

Patient Information:

Patient Name: _____ Date of Birth: _____

Phone number: _____

Releasing Records:

Circle One: From / To
Meredith Hake, APRN, PMHNP-BC
Real Hope Real Help
2300 Highland Village Road, Ste. 210
Highland Village, TX 75077
Ph: 972-966-1079 Fax: 972-767-0755

Circle One: From / To
Name: _____
Address: _____

Phone: _____
Fax: _____

Information to be covered by this release:

- Full Record Psychiatric Evaluation Progress Notes Lab/Test Results
 Other: _____

Purpose of release:

I, _____, authorize the above listed entity and its employees to release for inspection and copying the Protected Health Information (PHI) specified above. I understand the records may contain information of a sensitive and confidential nature, including but not limited to mental health, AIDS/HIV test information, and drug or alcohol treatment. I understand that I may revoke this release at any time by notifying **Real Hope Real Help** in writing. I understand the potential for information to be disclosed following authorization is subject to redisclosure by the recipient and is no longer protected by HIPAA.

Printed Name

Signature

Date