



Stefanie McCain, Brownwood-PA

Stefanie McCain, MD | Taylor Shirley, FNP-C | Stacy Hammond, FNP

1038 Early Blvd., Early, Texas 76802

Phone: 325-646-4800 | Fax: 325-646-4806

bioenve.com

Authorization to Release Medical Information

I understand that I may revoke this authorization in writing. To view the process for revoking this authorization, please read the Privacy Notice to patients we have available in our office. Unless revoked, this authorization will expire in 180 days from the date signed.

I also understand that once the health information I have authorized to be disclosed reached the noted recipient, the person or organization may re-disclose it. At this time, it may no longer be protected under the privacy laws. Records received by this office will not be re-disclosed without written authorization by the patient.

Please release my healthcare information **FROM:** _____

Please release my healthcare information **TO:** **BioEnve/Stefanie McCain, Brownwood-PA**
Stefanie McCain, MD
Taylor Shirley, FNP
Stacy Hammond, FNP

Information to be released:

Lab Results ___ Previous Office Notes ___ All Medical Records ___ History & Physical ___ Imaging ___

Other: _____

I do ___ do not ___ consent to the release of any positive or negative test results for AIDS or HIV infection, antibodies to AIDS or infection with any other causative agent of AIDS, Drug/Alcohol treatment/evaluation, Mental Health treatment/evaluation, and/or Genetic Testing with the rest of my medical records.

PRINTED NAME: _____ SSN: _____

SIGNATURE: _____ DOB: _____

DATE: _____