



Texas Fertility Center

Thomas Vaughn, M.D. • Kaylen M. Silverberg, M.D. • Lisa Hansard, M.D.
Natalie Burger, M.D. • Anthony Propst, M.D.

Board Certified in Reproductive Endocrinology and Infertility
Board Certified in Obstetrics and Gynecology

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION (TO TFC)

PATIENT NAME: Last First MI DOB SSN
PARTNER NAME: Last First MI DOB SSN
ADDRESS: CITY: STATE: ZIP:
DAY PHONE:

- 1. I understand that this authorization will expire 180 days after I have signed the form.
2. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure...
3. I understand that all requests will be processed within fifteen (15) business days...
4. I understand that in compliance with Texas statute and according to rules set forth by the Texas State Board of Medical Examiners, a fee of \$25.00 for the first 20 pages and \$0.50 per page thereafter plus postage will be charged for record requests.

I hereby authorize (Name, Address, Phone#, and Fax# of Provider)

to release information from my medical record as indicated below to:

- Thomas Vaughn, MD
Kaylen Silverberg, MD
Lisa Hansard, MD
Natalie Burger, MD
Anthony Propst, MD

INFORMATION TO BE DISCLOSED:

For Time Period: From to

- History and physical exam
Lab reports
X-ray reports
Ultrasound Reports
Summary Sheets (IVF/FSH)
Other:
Progress notes
Pap smear
Op/Pathology Reports
Semen Analysis (partner must sign)

I specifically authorize the release of information relating to:
Substance abuse (including alcohol/drug abuse)
Mental health (including psychotherapy notes)
Genetic Information (including, but not limited to Genetic Test Results)
IDS/HIV related information
Donor egg, donor sperm, donor embryo, surrogacy, or gestational carrier
X

PURPOSE OF DISCLOSURE: Medical Care Insurance Other:

Please forward this authorization to the office from which you are requesting records, so they can be sent to Texas Fertility Center. For more than 25 pages of records, please mail the records to 6500 N. Mopac, Bldg I Suite 1200, Austin, TX 78731. Thank you.

Signature of Patient Date OR Parent/Legal Guardian/Authorized Person Date

Signature of Partner Date

6500 N. Mopac Expressway, Building I, Suite 1200 • Austin, Texas 78731
16040 Park Valley Drive, Building I, Suite 201 • Round Rock, Texas 78681
5000 Davis Lane, Suite 100 • Austin, Texas 78749
(512) 451-0149 • (512) 451-0977 (Fax) • www.txfertility.com