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

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

DDRESS:	ATIENT /PARTNER NAME:		DOB	SS	SN
I understand Texas Fertility Center ("TFC") is authorized by me to use or disclose my Protected Health Information for a pury (described in this document) other than treatment, payment, or health care operations. I have read this authorization and understand winformation will be used or disclosed, who may use and disclose the information, and the recipient(s) of that information. I understand treatment, payment, enrollment, or eligibility for benefits may not be conditioned upon me signing this authorization. I understand that this authorization will expire one (1) year from the date I have signed this form Atter this date, TFC can no longer use disclose my Protected Health Information for the below purposes without first obtaining a new authorization form. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no lon protected by Federal privacy regulations. I have a right to revoke this authorization in writing, except to the extent that action has been taken in reliance on this authorization order for the revocation of this authorization to be effective, TFC must receive the revocation in writing, and the revocation must incl. (My name and address, the effective date of this authorization, and the recipients of the Protected Health Information authorization, my desire to revoke this authorization, and the date of the revocation, and my signature.) TFC will accept written revocation of this authorization via. (1) Certified U.S. mail or by (2) Facsimile at this number: (512)451-0977. ALL revocations must be sent to TF Privacy Officer and are not effective until received. ME OF PERSON: DORESS: CITY: STATE: ZIP: Proposition of the recipient list of the revocation of the revocation of the recipient list of the revocation of	· · · · · · · · · · · · · · · · · · ·	Last First			
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This form allows for verbal or written communication with the designated recipient listed above. All fields on this form must be completed to process your request.