

FP Associates, P.C.
1103 Galvin Road South, Suite G
Bellevue, NE 68005
Office: 402-292-1072
Fax: 402-292-0742

James A. Cervantes, MD
Brock R. LaSure, MD
Carrie Juracek, PA-C

Authorization to Release Medical Information

Patient Name _____

DOB _____

I authorize information to be obtained from:

FP Associates, P.C.

Doctor's Name: _____

Facility: _____

Address: _____

Phone Number: _____

Fax Number: _____

Please release my records to:

FP Associates, P.C. Other

FAX records to us if possible 402-292-0742

Information Requested:

ACTIVE Medical Record - **last 3 years**

Complete Medical Record

Specific medical information as selected:

Immunization Records

EKG, cardiac study _____

History & Physical

X-Ray, diagnostic study _____

Hospital Reports, Discharge Summary

Lab: _____

Consultation Reports

Other: _____

AIDS/HIV tests, results, and treatment information

DO NOT send Mental Health Joint
Counseling Sessions

Mental Health Information

DO NOT send Psychotherapy Notes

Alcohol and/or Drug Abuse Treatment information

Reason for request:

Referral continuing patient care Personal copy Other: _____

This statement of consent can be revoked at any time before disclosure of the information, and expires, in any event, one year after it is signed. A photocopy of this authorization shall be valid as the original. If payment is required for these records, please contact our office in advance for a copy of our medical records payment policy.

Date _____

Signed _____

Patient

Signed _____

Parent or Legal Guardian

Copies of Records:

requested on _____ by _____

released on _____ by _____

Date

employee