



**PREMIER PULMONARY CRITICAL CARE &
SLEEP MEDICINE**

Denison | McKinney | Plano, Texas

Phone: 903-465-5012

Fax 866-307-7513

Email : Staff@premierpsm.com

Portal: Healow

Authorization for Release of Medical Records

Patient Information

- **Patient Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Phone Number:** _____
- **Email:** _____

Release Information FROM:

- Premier Pulmonary and Sleep
- Other Provider: _____

Release Information TO:

- **Facility/Physician Name:** _____
- **Address:** _____
- **Fax Number:** _____
- **Phone Number:** _____

Records to be Released

(Select all that apply)

- Office visit notes
- Pulmonary function tests (PFTs)
- Sleep study reports
- Imaging reports
- Lab results
- Billing records



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Entire medical record

Other: _____

Date Range of Records

All dates

From: ___ / ___ / _____ To: ___ / ___ / _____

Delivery Method

Fax

Secure email

Mail (paper copies may incur fees)

Patient pickup

Acknowledgment & Authorization

I authorize the release of my medical records as indicated above. I understand:

- This authorization is voluntary
- I may revoke this authorization in writing at any time
- Fees may apply for copies of records in accordance with **Texas law**
- Information disclosed may no longer be protected once released

Signature

- **Patient / Legal Representative Name:** _____
- **Relationship (if applicable):** _____
- **Signature:** _____
- **Date:** ___ / ___ / _____