

# Texas Lung Associates



209 N. Bonnie Brae St., Suite 300, Denton, TX 76201  
Tel: (940) 382-LUNG (5864) Fax: (940) 382-FXFX (3939)  
E-mail: doctor@texaslung.com Website: www.texaslung.com



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## Authorization to Release Medical Information to Texas Lung Associates

I, \_\_\_\_\_, hereby authorize  
(Name of patient or legal representative)

\_\_\_\_\_  
(Name of person/entity who release records)

\_\_\_\_\_  
(Address of person/entity who should release records)

to release the following information to:

Texas Lung Associates  
209 N. Bonnie Brae St., Suite 300  
Denton, TX 76201  
Tel: (940) 382-5864  
Fax: (940) 382-3939

The health records of: \_\_\_\_\_  
(Name of person whose records will be released)

\_\_\_\_\_  
(Date of birth)

\_\_\_\_\_  
(Social Security Number)

All records: \_\_\_\_\_ Specific records: \_\_\_\_\_

The purpose of this release: \_\_\_\_\_

Limitations of this release (to include but not limited to releasing information regarding AIDS or HIV status): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_