Richard L. Grandjean, M.D., P.A.
Diplomate, American Board of Family Medicine
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Forest Park Family Medicine
12222 N. Central Expy., Suite 200 (LB12)
Dallas, Texas 75243-759

Raintree Family Medicine
997 Raintree Circle, Suite 180 (LB8)
Allen, Texas 75013-4949

MEDICAL RECORDS RELEASE AUTHORIZATION (OUTGOING)

Patient Name: _____
Last First MI

Date of Birth: _____ Last 4 of SSN: _____

I hereby authorize: ☐ Raintree Family Medicine | Richard L. Grandjean, M.D., P.A.
997 Raintree Circle, Suite 180 (LB8) | Allen, Texas 75013-4949

☐ Forest Park Family Medicine | Richard L. Grandjean, M.D., P.A.
12222 N. Central Expy., Suite 200 (LB12) | Dallas, Texas 75243

to release the following medical records to: _____

_____

_____

This authorization applies to the following records:

_____ Any and all records;

_____ Records pertaining to illness/injury occurring between _____ and _____;

_____ Records from _____ to _____;

_____ Specific reports: _____

Hospital Discharge Summary	Operative Summary	Radiology Reports
Emergency Department Visit	Laboratory Reports	Progress Notes
Drug/Alcohol Testing*	Mental Health Notes*	Psychotherapy Notes*
Other _____		

Purpose of request:

Coordination of care**	Specialist referral**	Transfer of medical records***
Insurance Underwriting***	Legal review***	Personal copy of records***

I understand the purpose of this release is to clarify and enhance my care and treatment. Further, records may contain reference to or results of HIV antibody (AIDS), drug, alcohol testing and or mental health information, with my consent.

A duplicate or photostatic copy or facsimile reproduction of this authorization may be used in lieu of the original. You are hereby released from all liability arising out of, or in any way incident to, producing records or providing information pursuant to this authorization.

_____ _____
Signature of patient or responsible party Date

_____
Relationship to patient if other than self

_____
Signature of Witness

* Requests for release of drug/alcohol testing and mental health or psychotherapy notes require written authorization from the patient.
** A signed authorization is not required for coordination of care or specialist referral requests.
*** A search, retrieval, copying and mailing fee may apply.