



# Spring Creek Urology Specialists LLC

Ajay Kwatra, M.D. - Samir Shirodkar, M.D. – James Stocks, M.D.

1020 Riverwood Court, Suite 330, Conroe, Texas 77304

9305 Pineroft, Ste 304, The Woodlands, Texas 77380

27700 Highway 290, Ste 425, Cypress, Texas 77433

(936) 441-1005

Fax records to 888-815-6161

Authorization for release of protected health information

I authorize Spring Creek Urology to:  Release to  Receive from

Person or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Information to be Released: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

All Records  History and Physical  Diagnostic Testing  Lab/Pathology  
 Other \_\_\_\_\_

This information is being released for the following purpose:

\_\_\_\_\_

\_\_\_\_\_ I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on it and that in any event this authorization shall expire 180 days from the date of my signature unless specified in writing.

\_\_\_\_\_ I understand that if the recipient authorized to receive the information is not a covered entity i.e. insurance company or non-health care provider, the released information may no longer be protected by federal and state privacy regulations.

Signature of Patient or Authorized Legal Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name of Person Signing: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Witness Signature: \_\_\_\_\_