La Grange | Flatonia | Giddings
Family Health Centers

William Michael McBroom, M.D. Thomas O. Borgstedte, D.O. Wess J. Blackwell, M.D.

La Grange
O: (979) 968-8493
1253 N Von Minden
La Grange, TX 78945

Flatonia
O: (361) 865-3302
MAIN FAX LINE: 979-968-6388
230 W North Main
Flatonia, TX 78941

Giddings
O: (979)542-7400
598 Cactus St
Giddings, TX 78942

AUTHORIZATION TO DISCLOSE INFORMATION

Patient Name: _____ Date of Birth: _____

MY HEALTHCARE INFORMATION

I hereby authorize the release of information as indicated:

_____ **I authorize** disclosure of healthcare information (related to my medical history, diagnosis, treatment or prognosis) to family member(s) or significant others.

_____

_____

_____ **I do not authorize** disclosure of any information regarding my healthcare. I understand that I will be considered a "NO INFORMATION PATIENT" and in the event of any emergency, the Clinic is unable to contact someone on my behalf. *" Healthcare information" means information recorded in any form or medium that identifies the patient and relates to the patient's history, diagnosis, treatment or prognosis. It is commonly known as your "medical record".
This authorization is valid from this day forward, unless the patient informs us otherwise.

NOTE: Texas law authorized the release of healthcare information WITHOUT patient authorization in a number of situations, including disclosure to third party payers, such as insurance companies if the disclosure is to reimburse the hospital, other healthcare providers, or the patient for medical services or supplies.

_____ CONSENT: Treatment & Procedures - I give my consent to Family Health Center Doctors, Nurses, and Staff. I understand that I will have the opportunity to ask questions concerning my condition, treatment and or procedures.

_____ _____

Patient Signature Date