



Northeast Tarrant Internal Medicine Associates
469 / 479 Westpark Way Euless, Texas 76040
8740 Medical City Way, Fort Worth, Texas 76177
Phone: (817) 283-2888
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AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Release To: Northeast Tarrant Internal Medicine Associates
469 Westpark Way
Euless, Texas 76040
Fax: (817) 283-1181

Release From: Continuum Internal Medicine/TDDC
Phone: (214) 623-6254
Fax: (214) 231-2181

I, _____ authorize the release of medical records for the records of:
(patient name)

Name: _____

Date of Birth: _____

From _____ to _____

Reason for Release: Dr. Mai Sharaf is moving her practice to NETIMA

Please Release All Records

I understand that my express consent is required to release any health information relating to testing, diagnosis and/or treatment of alcohol or drug related medical problems. And this special consent also will apply to HIV/AIDS related diagnoses, sexually transmitted disease and psychiatric disorders/mental health. This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 C.F.R. Part 2) prohibits you from making any further disclosure of it without specific written consent of the person to whom it may pertain or as otherwise permitted by such regulations. This authorization can be revoked but not retroactive to the release of information made in good faith. This authorization expires ninety (90) days from the date of this signature.

Signature of Patient or Legal Representative

Relationship to Patient

Date