

Boerne OB/GYN, P.A.
Paul H. Kocay, MD
134 Menger Springs Dr. Suite 1360
Boerne, TX 78006
Phone: 830-816-5222 Fax: 830-816-5223

Medical Records Release

Patient Name: _____ DOB: _____

Address: _____ City/Zip: _____

Phone Number: _____

This letter authorizes the release of medical records of the above patient.

From:

To: Boerne OB/GYN, P.A.
Paul H. Kocay, MD
134 Menger Springs Rd. Suite 1360
Boerne, TX 78006
Fax: 830-816-5223

*Unless otherwise requested, references to HIV/AIDS test, communicable diseases, drug, alcohol and/or mental health diagnoses will not be deleted or de-identified from the personal health information being released.

*By Texas law, this information will be provided within 15 business days from receipt of request. There may be a fee associated with preparing and furnishing this information.

Reasons or Purposes for this release of information are:

Signed: _____ Date: _____

(Patient or person legally authorized to consent on patient's behalf)