

# Barry F. Gritz, M.D.

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## Authorization For Release of Information From Medical Records

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Date Requested: \_\_\_\_\_ : Expires upon request by patient

I hereby authorize Dr Barry F. Gritz M.D. / Christine Wysong APRN, PMHNP, BC. Alexis Williams, APRN, PMHNP, BC

to: release/receive the following information from my medical record to/from: \_\_\_\_\_

All APPLY UNLESS SPECIFIED

- Complete Medical record or any part thereof \_\_\_\_\_
- Medical History \_\_\_\_\_
- Psychological Report or Psychiatric Assessment \_\_\_\_\_
- Laboratory Reports \_\_\_\_\_
- Physician Orders or Progress Notes \_\_\_\_\_
- Other (please Specify) \_\_\_\_\_

I understand and agree that the information I am authorizing to be released may include mental health information, HIV/AIDS test results, diagnosis, treatment and related information, drug test results, and genetic testing.

I further understand that I may revoke or cancel this authorization at any time by notifying the doctor's office in writing.

I give consent for providers and staff to text, Skype, or Facetime, and understand the integrity of security solely relies on the standard methods of the program's protocols.

### To the Party receiving this information:

This information has been disclosed to you from records whose confidentiality may be protected by federal law. If so, federal regulations (42CFR part2 prohibits you from making any further disclosure of it without specific written consent of the person to whom it pertains. A general authorization for Release of Medical Information is not sufficient for this purpose.

I release and agree to hold Barry F Gritz MD and his agents, employees and representatives harmless from all liability associated with the release of confidential patient information, I understand that Dr. Barry Gritz cannot be responsible for the use of redisclosure by a third party.

\_\_\_\_\_  
Patient Print Name

\_\_\_\_\_  
Witness Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Date and Time