

**Patient Information**

Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Release Information To**

I hereby authorize Lone Star Circle of Care to release my medical record information to:  
 Mail Copies To: \_\_\_\_\_  Discuss Medical Information With: \_\_\_\_\_  
 Name/Facility: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Purpose:  Personal  Continuing Care/ Referral  Insurance  Legal  Transfer (Explain)  Other (Explain)  
 Comments/ Authorization Specifications: \_\_\_\_\_

**NOTICE:** The information released pursuant to this Authorization may be redisclosed by the receiving institution or individual to other individuals or organizations that are not subject to federal and/or state privacy laws. Lone Star Circle of Care will not condition treatment on the signing of this Authorization or payment of associated fees.

**Information to be Released**

Please provide a 2-year abstract (includes 5 years of labs, radiology, and diagnostics)  Please provide *only* the following records within the date range listed below:  
 Please provide my entire medical record for dates: From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Progress Notes/Consults \_\_\_\_\_ Labs \_\_\_\_\_ Radiology Reports  
 \_\_\_\_\_ Pathology \_\_\_\_\_ Billing \_\_\_\_\_ Other (Explain Below)  
 Please provide my entire billing record for dates: From \_\_\_\_\_ To \_\_\_\_\_

Comments/ Authorization Specifications: \_\_\_\_\_

**NOTICE:** This Authorization is valid for 180 unless you specify otherwise. You may revoke this Authorization at any time by providing a written statement to the Health Information Management Department at Lone Star Circle of Care, except to the extent that Lone Star Circle of Care has already completed action on it.

**POTENTIAL FEES:** See the "Fee and Process Explanation Letter" for more information regarding associated costs.

**PATIENT PORTAL:** LSCC patients can now access their medical information on our new Patient Portal website at no charge. You can even use it on your mobile phone. Ask our front desk staff today about setting up your online access.

**Authorization to Release Protected Information**

**Required:** Please complete the check boxes below indicating how protected information should be handled, even if the categories do not necessarily apply to the patient's medical records.

Release Records? Check one

Initial each line below to confirm your choices

I  DO  DO NOT want information about **\*Mental Health** released \_\_\_\_\_  
 I  DO  DO NOT want information about **\*HIV Tests & Related Information** released \_\_\_\_\_

**STOP AND REVIEW:** Please confirm that you have put a checkmark and initialed ALL the protected information categories above regardless if they are applicable or not. If form is incomplete, or if protected information is not released, we may be unable to fulfill this request.

**Sign Here** →

→ **Date Here**

\_\_\_\_\_  
Patient's Signature Date

\_\_\_\_\_  
Parent/Legally Recognized Representative Signature Date

\_\_\_\_\_  
Description and Proof of Authority to Act on Patient's Behalf

**Know Your Rights**  
Refer to the HIPAA  
**"Notice of Privacy  
Practices"**

Document Updated:  
7/14/2016

**Disclosure Process and Fee Explanation Letter**  
**Lone Star Circle of Care**  
**TX191**

Dear Patient:

You have a right to copies of your medical information. In addition, medical records are legal documents that must be maintained by Lone Star Circle of Care. Under federal and state law, Lone Star Circle of Care or its medical records Release of Information provider, BACTES, is allowed to recover certain costs related to making copies of your medical records available to you. The fee we charge is a reasonable, cost-based charge that includes labor and materials as defined and permitted under HIPAA privacy regulations and Texas law.

Lone Star Circle of Care and BACTES will charge a cost-based fee up to a maximum of \$25.00 for a two-year abstract of your medical record along with up to five years of diagnostics regardless of page count. If you are seeking a copy of your entire medical record, the total cost-based fee could be significantly higher based on the page count of your record.

You may request to receive your records in paper or electronic format. You can make this selection by specifying that you wish to receive your records in electronic format in the comments section of the form. Your fees may vary depending on the format you choose. You can also access your medical information online at no charge via our Patient Portal website. Ask our front desk staff about setting up your online access, so you can view and print your medications, shot records, treatment information, and more.

Please fill out the attached authorization form completely and submit via fax or mail.

**Request by Fax:** 858-244-3481

**Request by Mail:** BACTES  
11130 Jollyville Rd., Suite 303  
Austin, TX 78759

An invoice will be sent within 5-7 days of receipt. This fee can be remitted by Check or Credit Card.

**Pay by Phone:** (512) 596-0292

**Pay by Mail:** BACTES  
11130 Jollyville Rd., Suite 303  
Austin, TX 78759

Your request will be fulfilled upon payment. You may check the status of your records online at <https://recordstatus.sharecare.com/>. For questions, please contact BACTES at 512-596-0292.

Thank you again for choosing Lone Star Circle of Care as your healthcare home.