



**MEDICAL INFORMATION RELEASE**

This section authorizes Texas Family Physicians @ River Place to discuss non-sensitive medical information (such as lab test results, appointment verification, etc) with: (please check appropriate box)

- Patient Only
- Spouse - Specify Name of Spouse: \_\_\_\_\_
- Parent - Specify Parent Name: \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**TEST RESULTS: (“X” please mark one or all desired)**

- Please leave a message with lab results.
- Do not leave lab results on the voicemail. I ( the patient or parent) will return your call to discuss the results

**OFFICE POLICIES**

All co-pays are due before your appointment. All other payments are expected at the time of service unless prior arrangements have been made.

A \$25.00 fee may be assessed for missed appointments. Please call 24 hours prior to your appointment if you are unable to make it.

We are only using Clinical Pathology Laboratories (CPL) for the labs that are sent out. If your insurance company requires that we use another lab, it is your responsibility to let us know before your appointment.

Please let the receptionist know of any changes in your information (such as insurance, address, phone) before your appointment.

If you need a refill on medication, please call your pharmacy and have them fax us a refill request.

Please allow 2-4 business days on all requests (faxed refills request, ADHD medication refills, referrals, etc)

**WAIVER OF LIABILITY**

There may be certain services that are not adequately covered by your insurance company. If the provider feels that this service is medically necessary and your insurance company denies payment, it will be your responsibility to pay for that service. This includes all services rendered including but not limited to laboratory service performed in house or sent to an out side lab.

This section is valid for any date of service from date signed.

_____	_____
Patient Name Printed	Date of Birth
_____	_____
Signature of Patient or Responsible Party	Date Signed

(Please note you will need to re-sign this form whenever changes are made and/or no later than 1 year from original date signed).