



BHFS Medical & Behavioral Services

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RELEASE OF INFORMATION

Personal health information (PHI) includes any information that can identify you or the medical care you receive, including your name, date of birth, diagnoses, address, and phone numbers. BHFS Medical & Behavioral Services protects our patients' PHI by sharing only with authorized individuals including health care providers, family members, and others.

Patients Name: _____

Patients DOB: _____

My health records are available at the office indicated below. I authorize BHFS Medical & Behavioral Services to get information about my health.

Name of Physician/Provider/Therapist: _____

Address: _____

Phone Number: _____

Fax Number: _____

What records may we request from your health care providers/therapist?

- All of my health records
- I would like to keep certain records confidential
 - Please indicate the types of records we can obtain:

Signature (parent/guardian if patient is a minor) _____

Relationship to patient: _____

Date _____