



McKinney Comprehensive Care (MC²)

4510 Medical Center Drive
Suite 311
McKinney, TX 75069
(972) 540-6256
Fax (972) 540-5071



Medical Release of Information Form

Please Note: Medical records requested by this release may be conditional upon future medications for the below patient. Failure to forward records may delay some medications that are needed.

Patient's Name: _____

Social Security #: _____ Date of Birth: _____

I request and authorize my **Previous Physician:**

(Name of **previous/prior** physician or clinic practice)

(Office address/location)

(Office phone number)

(City, state, zip)

(Office fax number)

To release the medical records of the above named patient to:

**McKinney Comprehensive Care
Dr. Roy Setzenfand, MD
4510 Medical Center Drive
Suite 311
McKinney, TX 75069
Phone (972) 540-6256
Fax (972) 540-5071**

This is a request and authorization applies to: (initial appropriate line)

_____ **All Health Care information including labs, pertinent imaging relating to above patient.**

_____ All health Care information **including** information relating to HIV/AIDS testing, sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use

_____ All health Care information **excluding** information relating to HIV/AIDS testing, sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use

(signature of patient or authorized representative)

(Date)

(relationship or status if signed by anyone other than patient (parent, legal guardian, personal representative, etc...))