Texas FamiliCare Medical Group
Robert A. Strzinek, Ph.D., D.O.

Information Release Authorization Consent Form

I understand that Dr. Robert Strzinek or Sharon Fowler, N.P. may need to use and disclose privacy information about my health or medical problems for the purposes of arranging, conducting, or referring my treatment; for obtaining payment for services; and for operating the practice. I consent to the use of my privacy information for the purposes of treatment, payments, and health care operations.

I understand that my consent is not needed if the law requires Dr. Robert Strzinek, Sara Toler, N.P., or Sharon Fowler, N.P. to report some aspect of my protected health information to a government agency (for example, suspected abuse, communicable disease, and potential for serious bodily harm to myself or others).

I understand that I have the right to review the privacy notice of Dr. Robert Strzinek or Sharon Fowler, N.P., to request restrictions on the use of my information, and to revoke my consent at a later date.

I understand that if I withhold consent to the use of my information for the purposes of treatment, payment or operations, Dr. Robert Strzinek or Sharon Fowler, N.P. may refuse to undertake my care.

This authorization is effective on the date signed and continues through the duration of my association with this practice, unless revoked in writing.

_____ (Initials) I acknowledge that I have received a copy of this Office's Notice Of Privacy Practices.

| _____ | _____ | _____ |
| Signature | Print Name | Date |

On the line below, please list any persons (for example, relatives) to whom your medical information may be released. (If you prefer no one have access to your medical information, please write no one on the line below).

_____

ID required? ____ ____
       Yes   No
(Please understand, if you choose yes, Dr. Strzinek or Sharon Fowler, N.P. will not be allowed to talk to these people over the phone, they must come into the office & show identification).

May we leave a message on your answering machine? ____ ____
                                       Yes   No