



RELEASE OF MEDICAL RECORDS

JAMES L. CARLISLE, M.D., P.A.

**515 W. Southlake Blvd, Suite 100
Southlake, TX 76092**

**2200 Physicians Blvd.
Suite C
Ennis, TX 75119**

I hereby authorize Omega Rehabilitation & Spine to send or obtain any medical information needed for my care.

I understand that the specific information to be release may include all physicians' records as well as treatment of drug or alcohol abuse, mental illness, or communicable disease. This does not include the Human Immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). I also understand that this authorization may be revoked by the person giving authorization by written and dated notice, except to the extent that disclosure of information had been made prior.

You have the right to limit medical information we disclose to someone involved in your care. If you wish to do so please write down any persons or facilities that you do NOT want to receive information and the information you want limited. Please note that Omega Rehabilitation & Spine does not have to agree to your request.

You may revoke this authorization at any time in writing, except where information has already been released.

A photocopy or fax of this authorization is as valid as this original.

Information used to disclose pursuant to the authorization may be subject to disclosure by the recipient and may no longer be protected by this rule.

Restriction List:

Patient's Printed Name: _____

Signature of Patient, Parent or Legal Guardian: _____

Date of Birth: _____

Date: _____