Safe Haven Psychiatry
Dr. Pavan Pamadurthi M.D., P.A. / Jamie Hulm MSN, APRN, PMHNP-BC

Office Location

399 West Campbell Rd Plaza II Suite 303 Richardson, TX 75080

Authorization to Release Healthcare Information

This is a release form for authorization of your medical information to be used/and or disclosed between **health care providers health insurance companies and any other party involved in your medical care.**

I, ____, hereby authorize the following facilities/hospitals and doctor(s) to release all medical information to Safe Haven Psychiatry to better manage my health.

This request includes: hospital summaries, laboratory reports, physician progress notes, and any other healthcare information relating to my condition.

**List facility name(s), hospital name(s) and/or physician(s) below where you have been seen so that we may obtain your medical information:*

*1*____

*2*____

*3*____

*4*____

*5*____

____ ____________________

Printed Name of Patient **Date of Birth**

____ ____________________

Signature of Patient/Legal Representative **Date**