



## TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

### RELEASE OF MEDICAL RECORDS FORM

I \_\_\_\_\_,  
**Print Name of Person Authorizing Records Release**

do hereby authorize any health care provider or entity who has provided health care to me, or my dependant, in connection with the treatment or issues that are the subject of this complaint, or for any complications arising from these issues or treatment, to provide the Texas State Board of Podiatric Medical Examiners (TSBPME), or its authorized representatives, any and all information relevant to me, or my dependent's medical condition, all treatment and billing records, including, but not limited to patient records, medical charts, test results, billing and payment records, insurance correspondence, evaluations, x-rays or other diagnostic tools, prescriptions, progress notes, history and physicals, order sheets, admission forms, laboratory reports, hospital records, incident reports and consultation records for:

\_\_\_\_\_  
**Patient's Name**

\_\_\_\_\_  
**Patient's Social Security Number**

\_\_\_\_\_  
**Patient's Date of Birth**

I understand that the information released will become a part of the Board's investigative file and that such information is confidential as provided by the Podiatric Medical Practice Act.

I agree that a photocopy of this authorization and signature has the same force and effect as the original.

This authorization is not limited by time or medical subject area.

\_\_\_\_\_  
**Signature of Authorizing Person**

\_\_\_\_\_  
**Date**

#### INSTRUCTIONS FOR COMPLETING THIS FORM:

Please use black or blue ink to fill in all of the blanks. Type or print legibly. Make sure to sign and date the form on the bottom line. Mail the completed form to:

Texas State Board of Podiatric Medical Examiners  
Investigations Division  
P.O. Box 12216  
Austin, TX 78711