

Texas Healthcare, P.L.L.C.  
Darien Bradford, MD  
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817-465-5311 Fax: 817-465-8569

**Authorization to Release Information**

Due to the recent law changes and for patient privacy and safety, we have to update our records. Please list below anyone authorized to obtain any medical, billing or health related information about you. This will allow us to inform your family members of your care, health history and/or treatment plan, but only at your request. IF someone should contact our office that is not listed on this form, our office staff, physicians or related personnel will not release any information to them. It is your responsibility to make any additions or deletions to this list throughout your treatment in our office.

NAME	RELATIONSHIP	DATE OF BIRTH
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I authorize the release of any and all information pertaining to my care in this practice to be released to anyone listed above and I understand that I have the right to add or delete anyone from this list, at any time, throughout my treatment process.

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Signature

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Date

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Witness