



Children's Dentistry at Hausman Village  
8202 N Loop 1604 W Ste 104  
San Antonio, TX 78249  
[www.txkidds.com](http://www.txkidds.com)  
Privacy Officer Phone: 210-616-2030  
Privacy Officer Email: [admin@hcr-audit.com](mailto:admin@hcr-audit.com)

## Authorization for Use or Disclosure of Protected Health Information

I hereby voluntarily authorize the disclosure of information from my health record. I understand that I may revoke this authorization at any time in writing and submitted to the Covered Entity above, except to the extent that action has been taken in reliance on this authorization.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient, Parent (if patient is a minor), or Legal Representative

\_\_\_\_\_  
Date

The information from my health record is to be disclosed by the Covered Entity above and provided to the following:

\_\_\_\_\_  
Name of Person/Organization

\_\_\_\_\_  
Name of Person/Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
City/State/ZIP

The information to be disclosed from my health record is limited to (check):

Only information related to: \_\_\_\_\_

Only for the period from: \_\_\_\_\_ to \_\_\_\_\_

Entire health record