



Written authorization, what to do:

- Provide all requested information.
- Be very specific about the information you need to have released. Write down dates, types of visits and what parts of the record you need.
- Sign and date the authorization using your full legal signature.
- If submitting request via email, fax, or electronic in any way, please sign in front of a witness and have the witness sign and date the form. Be sure to attach a copy of your ID or TDL for identification.

Mail authorization forms to:

Family Psychiatry of the Woodlands
8701 New Trails Dr. #150
The Woodlands, TX 77381
Attn: MEDICAL RECORD DEPT.
or
Fax: (866) 621-3847 / Email: records@woodlandpsych.com

Please remember, we must return the form to you if any information is missing or incomplete. This may delay the release of information.

Before releasing a record:

- You must fully complete, sign and date an authorization form
- You must provide a copy of your ID or TDL for identification when picking up records.

Fee for release:

- There is a fee for release of copied medical records. (\$25.00 for the first 20, and \$.50 a page there after). This fee must be paid at the time of, or before the release is completed.
- **No fee will be charged for records forwarded directly to a physician or third party**

Time for release:

- Because of the number of requests we receive, it may take up to 15 days to process a request. Please let us know if you have an urgent need and we will try to make other arrangements.