INSURANCE INFORMATION RELEASE/AUTHORIZATION FORM

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code

I HEREBY GRANT AND AUTHORIZE CANDACE WENHAM OF ADVOCATX ACCESS TO ANY MEDICAL RECORDS, REPORTS, CORRESPONDENCE, INSURANCE INFORMATION, AND BILLING INFORMATION AS REQUESTED.

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THROUGH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize AdvocATX to correspond through any medium with you regarding the above. Should you have any questions, please call AdvocATX.

Please address mailed correspondence to:

Candace Wenham AdvocATX 11533 Sweet Basil Ct Austin, TX 78726

Other authorized contact information:

Phone: 512-967-3363

Please accept a Photostat copy of this authorization with the same authority as the original.

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Signature Date of Signature

By my signature above, I acknowledge the release of any Protected Health Information (PHI) to AdvocATX a designated on this release form. This protected health information is to be disclosed under this authorization at my request, as permitted by 164 508 (1)(iv) of the privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act (“HIPAA Privacy Rule”). I acknowledge that I have received a copy of this authorization. This authorizaiton will remain in effect until revoked. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for the revocation to AdvocATX and your company.