



Timarron
Family Medicine
Esthetics
Regenerative Medicine

PROTECTED HEALTH INFORMATION (PHI)

STANDARD AUTHORIZATION OF USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____, DOB _____ hereby give Timarron Family Medicine, PA permission to release the following medical information to the persons listed below.

- Medical History (such as patient demographics, encounters, chart notes, prescribed medications, laboratory results, immunizations and billing details)
- Skin Treatment/Services rendered by Dr. Lori King, MD

Name _____, Relationship _____

Name _____, Relationship _____

Name _____, Relationship _____

Name _____, Relationship _____

Name _____, Relationship _____

Signed by: _____ Date: _____

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