Main Office Location

Mid Cities Psychiatry

200 Westpark Way, Euless, TX 76040 office: (817) 488-8998 <> fax: (855) 295-2686 www.MidCitiesPsychiatry.com

My Authorization to Release All Healthcare Information Including Mental Health

To

Seema Kazi, MD dba Mid Cities Psychiatry

This is a release form for authorization of your medical information to be transferred between health care providers, health insurance companies and any other party involved in your medical care.

Name of Patient	Date of Birth
Signature of Patient or Responsible Party (if minor Patient)	Date
Social Security #	

I authorize the following facilities/hospitals and doctor(s) to release all medical information to Seema Kazi, MD dba Mid Cities Psychiatry for treatment consultation and to better manage my health.

This request includes: hospital summaries, echocardiogram reports, cardiac catheterization reports, laboratory reports, electrocardiograms, physician progress notes, labs, and any other healthcare information relating to my condition including my mental health progress notes.

I understand and agree that I have the right to revoke this authorization anytime by sending/giving a written notice to Mid Cities Psychiatry. And until I revoke this authorization in writing, this authorization is valid indefinitely.

List facility name(s), hospital name(s) and/or physician(s) below where you have been seen so that we may obtain your medical information:

Name	Address	Phone/Fax