



Patient Authorization for Release of Medical Information

This form allows Pruven Health, LLC (DBA: BioSTAT) to send records on your behalf

Please fill out this form in its entirety and with a copy of your driver's license email to medicalrecords@biostatdx.com

Please print the following information:

Patient Full Name: _____ Date of Birth: _____ Last 4 digit SS# _____

Address _____ City _____ State _____ Zip _____

PhoneNumber _____ Email _____

I hereby authorize Pruven Health, LLC (D.B.A BioSTAT) and it's affiliates, medical staff, employees, and their representatives to release my protected health information in the manner listed below and to the following:

Send By (Select all that apply): Mail Fax Secure Email

Send to:

Name: _____

Address _____ City _____ State _____ Zip _____

PhoneNumber _____ Email _____

Please send:

All Records or Specific Date of Service(s) Only: _____

This Authorization will not expire except when revoked by the patient, legal guardian, power of attorney, or healthcare surrogate. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written request to the Medical Reports Department. I understand that the revocation will not apply to the information that has already been released in response to this authorization. I understand that once the information is disclosed, it may be re-disclosed by the recipient and the information may not be protected under federal privacy laws or regulations. I understand Pruven Health will not condition treatment or payment based on this authorization or revocation of authorization unless otherwise allowed by law. A copy of this authorization may be utilized with the same effectiveness as an original. I am entitled to receive a copy of this authorization.

Signature of Patient/Guardian/Power of Attorney/Healthcare Surrogate _____ Date _____

Printed Name _____ Relationship to Patient if Applicable _____

Pruven Health, LLC D.B.A BioSTAT
4841 Keller Springs Rd Addison TX, 75001
P: (469) 498-7828 F: (214) 261-5155
www.biostatdx.com