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## Austin Foot and Ankle Specialists Medical Records Release Directions

### Download our release of Medical Information Form

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#### How to Complete AFAS Authorization Form:

1. **Patient Name:** Print the name, address and telephone number of the patient whose records are being disclosed. One patient name per form. This is used to identify the correct patient record.
2. **Date of Birth:** Enter the month, day and year of the patient's birth. This is used to identify the correct patient record.
3. I hereby authorize Austin Foot and Ankle Specialists. If information is being requested from another health care provider outside the Austin Foot and Ankle Specialists and you would like this information to be sent to AFAS, then include complete mailing address and mail to that provider. AFAS does not mail the form.
4. **Dates of Services:** Time frame of selected information to be released. Can be one day or a range of dates or years. If not time frame is given, then the most recent two years of information will be released.
5. **Description of Information to be released:** This is to guide us to select the proper documents to fulfill the request.
6. **Select types of information to be released:** Select all that apply. If your AFAS record contains information from another provider, please check the other box and enter "outside records" and the name of the facility. Please understand that we will only have copies and they may not be complete.
7. **This information may be disclosed to and used by the following organization:** Enter a complete name of person or facility, along with a mailing address to receive the information, a telephone number is helpful. If records are needed by more than one person/facility, a separate request is required. If records are for yourself, please write your complete name and address. Include a contact telephone number.
8. **Description of the purpose of the use and/or disclosure:** Reason for the request. Check all that apply.

9. Expiration Date: Please enter an expiration date or event. If left blank, the authorization will automatically expire in 180 days. If a date is entered that is the same day the authorization is signed, the authorization is only valid for one day. Do not use “indefinite” please use a specific future date or event (2050, until received, one year from today etc.)
10. Signature of Patient or Patient Representative: the patient or representative must sign the form.
11. Date: Enter in date authorization is signed.
12. Printed Name of Patient or Patient Representative: this is for verification purposes.
13. Relationship to Patient: If you are a patient representative, please indicate your relationship to the patient. Except in the case of parents, we require a copy of the documentation appointing you as the person with authorized access.
14. Legal Authority: Legal guardian etc. We require a copy of the documentation appointing you as the person with authorized access.

There is a \$15.00 fee payable at the time the request is made for personal copies or to transfer records to another health care provider. If your request is more than 100 pages in length, an additional fee of \$.50 per page will be required. Please make checks payable to Austin Foot and Ankle Specialists. Patient identification will be required when picking up copies of records made with advance arrangements. We have by law fifteen (15) days to complete the request. You may mail your request to Release of Information, Austin Foot and Ankle Specialists, 5000 Bee Caves Road Ste. 202, Austin, TX 78746.