Deer Park Family Clinic, P.A.
2910 Center Street
Deer Park, Texas 77536
(281) 479-5941 Fax (281) 479-8459

Patient Records Access Request Form

I hereby request a copy of my medical records as detailed below:

_____ Full medical record held by this office.

_____ Medical record for the period _____through _____.

_____ A specific portion / section of the record as follows:

_____

_____

_____

Patient Name:_____DOB:_____

SS#:_____DPFC ID:_____

Address:_____Phone:_____

_____Date:_____
Signature Patient/Parent/Conservator/Guardian

_____
Relationship to Patient

Fees / charges will comply with all laws and regulations applicable to release of Protected Health Information. Payment is due at time of release.