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## REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Release Records From/To:

Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**RELEASE THE FOLLOWING RECORDS TO/FROM:** HIGH RISK PREGNANCY DOCTORS

\_\_\_\_\_ Operative Reports      \_\_\_\_\_ Prenatal Records      \_\_\_\_\_ Labs  
\_\_\_\_\_ Progress Notes      \_\_\_\_\_ Radiology Records      \_\_\_\_\_ All Records \_\_\_\_\_  
Other (Please Specify) \_\_\_\_\_

**I UNDERSTAND THAT:**

\_\_\_\_\_ Authorizing the disclosure of health information is voluntary. I do not need to sign this form to receive treatment or payment.

\_\_\_\_\_ 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 notification to my OB/GYN. I understand that the revocation will no apply to information that has already been released in response to the authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

\_\_\_\_\_ Unless I specify directly, this authorization will expire 12 months from date of signature.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

1600 W. College Steet Suited 320  
Grapevine, Texas 76051  
Ph: 817-527-6060 / Fax: 1-877-862-5660  
www.highrisk-pregnancy.com

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Frisco, Texas 75034  
Ph: 972-688-2229 / Fax: 1-877-862-5660  
www.highrisk-pregnancy.com

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Tyler, Texas 75701  
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#### Medical Records Release Process:

Medical records request received via fax/email: RN to review and attach to patient chart, once that is complete RN will notify front office that payment needs to be collected for release of records. Once payment has been received the RN is then notified and records are released, this process takes place within 15 business days of receipt of release.

Medical request via phone call by patient: Patient is advised to have a signed medical records release sent to the office so it is known where to send the records and advised of fee to release records. Once we receive signed release it is forwarded to RN to be attached to patient chart, and RN notifies front to call patient and collect fee, once fee is collected, the RN is notified to release records, this process takes place within 15 business days of receipt of release.

Medical records request via phone call from another providers office: Providers office is advised to fax over signed medical release, once received RN reviews and attaches to patient chart, notifies the front office that payment needs to be collected. Once payment is collected RN is notified to release records, this process takes place within 15 business days of receipt of release.