Alate Health

1213 HERMANN DRIVE, SUITE 255, HOUSTON, TX 77004

P 713.955.1707 **F** 713.955.1699 **W** ALATEHEALTH.COM

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

PATIENT NAME	DOB
SSN	
I HEREBY AUTHORIZE	
TO RELEASE HEALTHCARE INFORMATION OF THE ABOVE NAMED PATIENT TO **ALATE HEALTH** 1213 HERMANN DRIVE, SUITE 255, HOUSTON, TX 77004 FAX: 713-955-1699	
THIS REQUEST AND AUTHORIZATION APPLIES TO ○ **HEALTHCARE INFORMATION RELATED TO THE FOLLOWING TREATMENTS, CONDITIONS AND/OR DATES** ○ **ALL HEALTHCARE INFORMATION** ○ **OTHER**	

PATIENT SIGNATURE DATE

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.