

**Texas Wellness Associates  
Authorization to Release**

**Contact Texas Wellness at least 48 hours before you want to get labs drawn** You can use 1 of 3 ways to connect.

**E-mail** Latisha McClain at [lmcclain@texaswellness.com](mailto:lmcclain@texaswellness.com) leave your name and number or email this form to her.

**Call and leave a voice message.** 713-683-9494 Leave your name and number, don't just hang up!!!! If she is doing blood draws at another location she will return your call, I promise. Leave the number you want her to return the call to.

**Fax this paperwork to her** 713-957-3535.

**Make an appointment to go to their location 10500 Northwest Freeway, Houston Tx 77092 near Mangam/Dacoma exit off 290.**

**This is NOT a WALK in Lab.** They do work with other labs and as a courtesy they will help find a lab close to you that can do the draw (if you are nice to them).

You may revoke this consent at any time. This revocation must be in writing, signed by you or on your behalf, and delivered in person or by mail. This authorization will remain in effect until we receive the revocation.

Our posted Privacy Policy provides more detailed information about the usage and disclosure of your protected health information. You have the right to review our Posted Privacy Policy before you sign this authorization.

We reserve the right to amend the terms of our Posted Privacy Policy. You may obtain a copy of the current policy by calling 713-683-9494 or 1-866-683-9494. I hereby give consent to Texas Wellness Associates to use and disclose my protected health information only for the purposes I indicate and direct. Information will be released under subpoena from government authorities as prescribed by law.

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

email \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

I hereby voluntarily consent and grant permission to The Texas Wellness Associates, INC., and its employees, providers, agents, contractors, representatives, and assignees to perform venipunctures for the purpose of blood testing. I understand that a trained technician will perform the procedure. I consent to the release of information necessary to perform tests to the laboratory. The results will be kept confidential. I understand the data derived from the tests is preliminary only, and does not constitute a diagnosis, and that I am solely responsible for obtaining a consultation with my physician to determine the importance of the tests. I hereby, fully and unconditionally, forever release and hold harmless employees, providers, agents, contractors, representatives and assignees, (individually and collectively, Releasees), from any and all liabilities, claims, omissions, in connection with the drawing of my blood, laboratory testing of my blood or any specimen, the date derived from such testing, or the dissemination of such data. I hereby understand and agree that this release includes, without limitation, any act or omission that is, or may be any form of negligence on the part of any of the Releasees.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you are signing as the patient's representative:**

Print your name \_\_\_\_\_

Relationship \_\_\_\_\_

Please check desired test    \_\_\_\_ Wellness Profile \$45    \_\_\_\_ Health Profile \$80    \_\_\_\_ Vit D3 \$65

\_\_\_\_ Other \_\_\_\_\_ Ask fees for other tests requested.

\_\_\_\_\_ Check here if you want results to go to Dr Dawn Ewing's fax 281-251-4911