

HealthWatch

Group & Pension Administrators, Inc.

Park Central 8, 12770 Merit Dr. (2nd Floor) Dallas, Texas 75251 ♦ 866-206-3224 ♦
healthwatch@gpatpa.com

MEDICAL RELEASE

Date:

Cardholder Name:

Cardholder Social Security Number:

Employer:

Patient Name:

Patient's Date of Birth:

I am one of the disease managers/care coaches with GPA/Healthwatch. I was recently assigned to be your Care Manager. In order for me to do that effectively, I will require information regarding your medical history

Medical Release

I hereby give my authorization for the release both verbally and in writing, of my medical records, diagnostic records, laboratory results, and other information in my health record to GPA/Healthwatch. I understand that GPA/Healthwatch will send these records to physicians or other Health Care providers for review as it relates to the notification or case management process.

This release is in effect for one year following the date of my Signature.

Signature of Patient/Guardian _____
Print Name _____ **Date** _____

Please **fax** this request to **972-**_____. Or, mail to GPA/Healthwatch, Park Central 8, 12770 Merit Drive, 2nd Floor, Dallas, TX. 75251.

Attn: