Fort Bend Psychiatry

Dr. Shannon L. Sniff, M.D., PLLC
4502 Riverstone Blvd. #1301
Missouri City, TX 77459
T: 281-499-9402 F: 281-499-9360
www.FortBendPsychiatry.com

Request & Release of Confidential Information (Optional)

I authorize Fort Bend Psychiatry and Dr. Shannon Sniff, M.D. to release psychiatric records for: _____ DOB:___/___/___. My relationship to the patient is: _____. My phone number is _____
(Patient Name) (Self, Parent, Guardian) (Phone)

_____
(Street) (City, State) (Zip)

I grant Dr. Sniff permission to **request** /**release** information **from / to** the following:

_____ _____
(Name of person or entity to whom information will be released) (Phone Number)

_____ _____
(Street Address) (City, State) (Fax Number)

and (if second entity is applicable):

_____ _____
(Name of person or entity to whom information will be released) (Phone Number)

_____ _____
(Street Address) (City, State) (Fax Number)

Please release the following records:

__Lab Results
__Treatment records
__Psychological Testing Results
__School reports
__Hospital Treatment Records
__Other: _____

Please fax or mail records to:

Fax: (281) 499-9360

Address: Dr. Shannon Sniff, M.D.
4502 Riverstone Blvd., Ste 1301
Missouri City, TX 77459
281-499-9402

Signature: _____ Date: _____
(Patient or Guardian Signature)