

1/31/2013

Clarence Franklin Abner  
6827 Latta Parkway  
Dallas TX 75227

To Whom It May Concern:

Clarence Abner was seen in my office on 1/31/2013 after a self-reported motor vehicle accident.

He may return to work with restrictions on Feb. 11, 2013 or unless otherwise directed. At this time, he may benefit from work activities that do not require lifting more than 5 pounds. He may also benefit from work activities that do not require excessive or extreme head or neck movement.

If you have any questions, please feel free to contact me or one of my colleagues at (214)266-0312.

Sincerely,

Electronically Signed by:

David Wayne Candelario, DO1/31/2013

2/14/2013

Clarence Franklin Abner  
6827 Latta Parkway  
Dallas TX 75227

MRN: 4258376

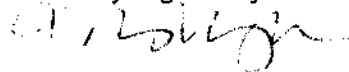
To Whom It May Concern:

Clarence Abner was seen in my office on 2/14/2013. he may to return to work/school as of 2/22/2013, with the following restrictions: Limited physical activity that requires neck strain until pain is resolved.

I confirm this patient's absence was physician advised.

Sincerely,

Electronically Signed by:



Jessica Ngan Nguyen, DO

## Accident January 25 Notes

Dallas police accident case number 13 -0159440

Location of accident: eastbound on northwest highway at Red light (hit from behind)

Passengers: Robert Plock, Steven Salinas, Zoe Plock, Clarence Abner.

State Farm claim number 43-243X -002

1. Clarence Abner had medical issues (neck issues)
2. Went two physical therapy six weeks
3. Medical records have been ordered and on hand
4. Robert had medical issues ( lower back)
5. Took truck into Honda body shop (work on bumper)
- 6.

### **Clarence Abner medical**

1. The day of the accident went to doctors hospital
2. The rest of my medical issues were at parkland hospital

**Medical bills** That are calling for past due bills? Could hurt credit?

### **Robert medical issues**

1. The day of accident doctors hospital
2. Medical issues (back and neck) cervical radiculopathy if
3. Physical therapy,
4. Physical spin consultant
5. Swiss Ave surgical center ( lumbar epidural steroid injections)
6. We'll need lower back surgery

PARKLAND HEALTH & HOSPITAL SYSTEM

Dallas, Texas

AUTHORIZATION FOR  
RELEASE OF INFORMATION



ARI260

Patient Name Clarence Abner

Address 6827 Latta Pkwy

City Dallas State Tx Zip 75227

Date of Birth 7/10/1962 MRN 4258376

Telephone # 214-799-1296

I hereby authorize Parkland Health & Hospital System (PHHS) to release the information specified below from the medical record(s) of the above named patient.

Patient information is needed for (Please select only one):

- Continuing Medical Care       Legal Purposes       Insurance/Billing/Claims
- Personal Use       Social Security/Disability       Other, please explain: \_\_\_\_\_

Information to be released or accessed (Check  all that apply):

- Consultation Reports       Discharge Summary       Emergency Room Record       Face Sheet
- History and Physical       Laboratory Reports       Operative Reports       Pathology Reports
- Progress Notes       Radiology Reports       Other: All that applies from June 21 2012 to present.

Date of Service: From 6/21/2012 to 8/7/2012

Format requested for information be provided:  CD (Only applies to data stored electronically)  Paper

The information described above shall be released to:

Clarence Abner  
Name of Person/Organization

6827 Latta Pkwy  
Address

Dallas Texas 75227  
City, State, Zip Code

214-799-1296  
Phone Number      Fax Number

Delivery Method:

- Mail
- Pick-Up
- Fax (Healthcare Organization Only)

I understand that my medical information may include sensitive health information. Communicable or venereal disease such as hepatitis, syphilis, gonorrhea, human immunodeficiency virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), if diagnosed, will be included in my medical record. I further understand that my medical information could indicate I am undergoing treatment for psychological or psychiatric conditions or substance abuse.

I understand that I may revoke this authorization in writing at any time, except to the extent that PHHS has relied on this authorization. The written revocation should be addressed to the PHHS Health Information Management Division - Release of Information. Unless otherwise revoked, I understand that the date or event upon which this authorization expires is One Hundred and Eighty (180) days from the date of signature. A copy of this authorization is considered as valid as the original.

I understand that if the recipient authorized to receive the health information is not a covered entity (e.g. insurance company or non-health care provider) the released information may no longer be protected by federal and state privacy regulations.

I understand that PHHS will not condition treatment, payment, enrollment, or eligibility for benefits based on completion of this form. I understand I may be charged retrieval/processing fee and for copies of medical record according to Texas Hospital Licensing Law.

Patient Signature

Clarence Abner      2/19/2013 11:00am  
Patient Printed Name      Date      Time

\_\_\_\_\_  
Legal Representative Signature

\_\_\_\_\_  
Legal Representative Printed Name      Date      Time

\_\_\_\_\_  
if representative, specify relationship to patient

\_\_\_\_\_  
Interpreter Signature (if applicable)

\_\_\_\_\_  
Interpreter Printed Name      ID #      Date      Time

Request Medical for patient: Clarence Abner  
MRN: 4258376

2-19-2013

I am requesting any and all medical records Doctors summary and invoices that are pertaining to Medical  
recored from June, 21 2012 to the present.

Thank you  
Clarence Abner

214-799-1296

Parkland Health & Hospital System  
Health Information Management Division  
5201 Harry Hines Blvd | Dallas, Texas 75235 | 214.590.5470

Clarence Franklin Abner  
6827 Latta Parkway  
Dallas, TX, 75227

Date: 2/25/13

Dear Clarence Franklin Abner :

RE: Request for Release of Health Information  
Abner, Clarence Franklin

If you would like to request billing statements please contact Parkland Health and Hospital Systems Patient Financial Services.

If you have any questions, please do not hesitate to contact me at 214.590.5470.

Sincerely,

Michelle Banks  
Clinical Documentation Specialist  
Release of Information