



Texas Medical Board

Mailing Address: PO Box 2029, Austin, Texas 78768-2029

Phone: (512) 305-7030

CUSTODIAN OF RECORDS

In accordance with Texas Medical Board rule 163.5, a custodian of records is as follows:

- physician death - the administrator, executor of the estate, or other court appointed individual, unless part of a group practice or pre-existing appointments/instructions are in place;
- physician mental or physical incapacity - individual with Power of Attorney, court appointed individual, or legally appointed representative of the physician;
- other circumstances or abandonment of records - custodian is determined on a case-by-case basis.

Please print or type your information:

License information:	<u>Physician name</u> <u>License number</u>	
Name and address of physician's practice:		
Reason for Custodian of records:	<input type="checkbox"/> Physician Death <input type="checkbox"/> Physician Incapacity	<input type="checkbox"/> Records Abandonment <input type="checkbox"/> Other (please provide explanation)
Check the box describing the documents you are providing:	<input type="checkbox"/> Written notice in the Physician's office <input type="checkbox"/> Notice on Physician's website	<input type="checkbox"/> Notice in a newspaper of the greatest circulation in the county where practice was located
Person and/or entity that will be the custodian of the medical records:		
Email contact for the custodian of records:		
Contact information for custodian of records:	<u>Mailing address</u>	<u>Phone number</u>
Instruction as to how patients can obtain or request transfer of medical records		
All applicable fees:		
Date that records may be destroyed (163.5(b)(4):		

I certify that all statements I have made herein are true to the best of my knowledge.

Effective date: _____

Signature (Required): _____
Signature Date



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Return this completed form by **mail, email OR fax**. Please do not submit multiple copies. The submission of multiple copies may increase processing time.

Mail to: Texas Medical Board
P.O. Box 2029
Austin, Texas 78768-2029

Email to: Registrations@tmb.state.tx.us

Fax to: 888-512-2581