



PRIMARY MEDICINE ASSOCIATES

1171 Gatewood Dr Bldg #101 Auburn, AL 36830
Phone: 334-821-2708 Fax: 334-528-5420

AUTHORIZATION TO DISCLOSE / RELEASE OR OBTAIN MEDICAL RECORDS

All disclosures are in compliance with federal and state laws, including the Health Insurance Portability and Accountability Act of 1195 (HIPAA), governing the use and disclosure of Protected Health Information (PHI)

I hereby authorize Primary Medicine Associates to Disclose/ Release to Obtain From

Name of Person or Organization Telephone Fax

Address City State Zip

INFORMATION REQUESTED: I hereby agree to this authorization and understand that it must contain personally Identifiable Information and PHI as defined by HIPAA to ensure accuracy. I understand I have the right to limit the type of information released and to revoke this authorization by submitting a notice, in writing the the Privacy Officer. Unless revoked, this authorization will expire three months for date of signature or on the following date:

If I choose to limit the information released, I understand Primary Medicine Associates (PMA) may inform the requestor that portions of the record have been withheld. I understand the information disclosed may be subject to re-disclosure by the recipient and no longer be protected by PMA. PMA and its staff are hereby released from any legal responsibility or liability for disclosure of the below information to the extent indicated and authorized.

PARTIAL medical records; please specify parts and dates to be released:

- Progress Notes Immunizations Xray Reports Allergy
Lab Report Physical GYN Report Consultation
Other:

ALL medical records without exception; including all lab testing (HIV) and mental health treatment.

For the purpose of:

I authorize the release of my medical records as indicated above.

Signature of patient or legal guardian Date

Printed Name Date of Birth

Address City, State Zip

Telephone Number Social Security Number

Witness Date

Note to recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal and State Laws (including HIPPA) and prohibits you from further disclosure without written consent of the person to whom it pertains. Charges may apply for copies of medical records.

Faxed Copies Left for pt Mailed Date