Carolina Urgent and Family Care
1133-B Highway 9 Bypass
Lancaster, SC 29720
P 803-285-2225 F 803-285-2333

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Print) Patient's full name	**Birth date (Mo/Day/Yr)**
Street Address	**Social Security Number**
City, ST, Zip	**Phone Number**

At the request of the individual, I _____, do hereby authorize the release of:

___ Discharge summary	___ Pathology Reports	___ ER Reports
___ History & Physical	___ Laboratory Reports	___ Other _____
___ Progress Notes	___ Radiology Reports	_____
___ Operative Notes	___ ECG/EEG/CARDIC Cath	_____

___ I Do ___ I Do Not authorize release of information related to AIDS or HIV infection, psychiatric care and/or psychological assessment, for alcohol and/or drug abuse.

RELEASE INFORMATION FROM:

_____
DOCTOR NAME

_____
PHONE NUMBER

RELEASE INFORMATION TO:

_____
NAME

_____
STREET ADDRESS

_____
CITY, STATE, ZIP

PURPOSE OF DISCLOSURE:

___ Referral to Specialist	___ Insurance	___ Workers Comp	___ Change of Doctor
___ Legal Investigation	___ Disability	___ Personal	___ Other _____

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

_____ _____
Signature of individual or guardian or Personal Representative Of patient's estate — Date

NOTE: HealthPort Copying Services has been contracted to provide the service of processing medical records request. Currently, the charge is $0.65 (1-30 pgs) $0.50 (31+pgs) plus actual postage. Prices are subject to change without notice. For further information on pricing, please contact HealthPort at 1-877-595-9900.

MEDICAL INFORMATION RELEASED BY HealthPort

ENTIRE ___	LAB_____		_____
DS_____	EKG_____	IMMUNE___	ROI SPECIALIST
OP_____	X-RAY___	OTHER_____	_____
HP_____	PATH____	_____	DATE