

Whitesburg Family Medicine

4704 Whitesburg Drive, Suite 201, Huntsville, AL. 35802. 256.327.0888
Elisa J. Haley, MD David A. McMillion, MD

Authorization for Release / Request of Protected Health Information

Patient's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

SSN#: _____ Patient's Phone #: _____

Date of Request: _____ Date Information Needed: _____

<input type="checkbox"/> I Authorize	<input type="checkbox"/> David A. McMillion
	<input type="checkbox"/> Elisa J. Haley
To RELEASE information to:	

Name of Provider or Facility	

Address	

City, State, ZIP	

Phone and Fax #	

OR

<input type="checkbox"/> I Authorize	<input type="checkbox"/> David A. McMillion
	<input type="checkbox"/> Elisa J. Haley
To RECEIVE information from:	

Name of Provider or Facility	

Address	

City, State, ZIP	

Phone and Fax #	

Reason for this request:			
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Insurance	<input type="checkbox"/> Personal	<input type="checkbox"/> Other
Type of Records Requested:			
<input type="checkbox"/> Consult	<input type="checkbox"/> Lab Results	<input type="checkbox"/> Imaging Results	
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Other	
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Operative Report		
<input type="checkbox"/> Medical Records Related to a Specific Illness or Injury and Date _____			
<input type="checkbox"/> All Medical Records			

- I understand that my right to healthcare treatment is not conditioned on this authorization.
- I may cancel this authorization at any time by submitting a written request to the address provided at the top of this form, except where a disclosure has already been made in reliance on my prior authorization.
- If the person or facility receiving this information is not a healthcare or medical insurance provider covered by privacy regulations, the information stated above could be re-disclosed.
- Release of HIV related information, mental health related care, or substance abuse diagnosis and treatment information requires additional authorization.
- There may be a charge for requested records.

Signature of Patient or Guardian

Date