Allman Family Medicine, PC

1878 Jeff Road Suite G
Huntsville, Alabama 35806
Telephone: (256)428-0444 ● Fax: (256)428-0447

Required for completion of your request.

RELEASE MEDICAL RECORDS FROM:

*Doctor / Hospital

*Street Address

*City, State, Zip Code

*Telephone Number Fax

RELEASE MEDICAL RECORDS TO:

*Doctor / Hospital

*Street Address

*City, State, Zip Code

*Telephone Number Fax

Patient Information:

*Print Patient's Full Name *Date of Birth (MM/DD/YYYY)

*Street Address City State Zip Code

*Primary Telephone Number Alternative Telephone Number

RELEASE THE FOLLOWING RECORDS:

- ☐ Complete Medical Records
- ☐ Specific Records: _____
- ☐ Other: _____

PURPOSE OF DISCLOSURE:

- ☐ Permanent Transfer of Care
- ☐ Coordination of Care with Specialist
- ☐ Personal
- ☐ Other:_____

*Patient or Legally Authorized Individual Signature Date

*Printed Name of Authorized Individual Relationship to Patient

By signing, I understand that information in my health record may included information relating to Sexually Transmitted Disease, Acquired Immunodeficiency Syndrome (AIDS), HIV, and other communicable disease, Behavioral Health Care, and treatment of alcohol and/or drug abuse. I may refuse to sign this authorization form. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. I understand that, if this information is disclosed to a third party, the information may no longer be protected by state/federal regulations and may be re-disclosed by the person or organization that received the information. I release Allman Family Medicine, PC and its employees from any legal responsibility or liability for the disclosure of the above information to the extend indicated and authorized herein.