Medical Records Release Form

Date

PATIENT INFORMATION

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS for the following patient:

Last Name First Name Date of Birth

PLEASE RELEASE ALL MEDICAL RECORDS FOR TRANSFER OF PATIENT CARE.

TO/FROM:

PHYSICIAN'S NAME: _____

NAME OF PRACTICE: _____

PRACTICE PHONE #: _____ PRACTICE FAX #: _____

TO/FROM: APEX ALLERGY & IMMUNOLOGY

FX: 864-720-2740

PH: 864-720-2739

Please release a copy of all medical records, including but not limited to: vaccine records, progress notes, operative notes, laboratory / x-ray results, and diagnostic tests. This authorization is valid from the date of this document and will expire 180 days after that date.

BY MY SIGNATURE I AUTHORIZE RELEASE OF ALL MEDICAL RECORDS and agree that I have been offered a copy of this document as it is available in the office of Apex Allergy & Immunology as well as online at www.apexallergysc.com.

Patient/Parent/Guardian: _____

Date: _____

Rights of the Patient:

I understand that I have the right to revoke this authorization at any time by sending notification to Apex Allergy & Immunology 534 Woods Lake Road, Greenville, SC 29607. I understand that a revocation is not effective in cases where the information has already been used or disclosed, but will be effective going forward. I understand that my treatment, payment, enrollment, or eligibility is not dependent on whether or not I sign this authorization. I understand that information used or disclosed as a result of this authorization may result in re-disclosure by the recipient and may no longer be protected by federal or state law. Information received by this office is for our own use and will continue to be protected by our Privacy Policy. I understand that I have the right to inspect or copy the protected health information disclosed as described in this document. I can do this by written notification to: Apex Allergy & Immunology 534 Woods Lake Road, Greenville, SC 29607. I understand that I have the right to refuse to sign this authorization.

Apex Allergy & Immunology
534 Woods Lake Road, Greenville, SC 29607
www.apexallergysc.com