Carolina OB/GYN

1007 N. Fraser St.
Georgetown, SC 29440
843-527-4343
843-546-8308 fax

P.O. Box 3440
Murrells Inlet, SC 29576
843-651-6525
843-357-0768 fax

Records Release Request Form (HIPPA)

Patient Information

Patient Name:_____Telephone:_____
Address:_____
Patient Date of Birth:_____Patient Social Security Number:_____

Release Authorization

I hereby authorize and request the following (Circle One)

Provider:_____ OR Carolina OB/GYN

_____ _____

_____ _____

Phone #:_____ Phone #:_____
Fax #:_____ Fax#:_____

To disclose the following healthcare records covering the period: From:_____ To:_____

___Complete Health Records ___Discharge Summary ___Progress Notes
___History & Physical Exams ___Consultation Reports ___Laboratory Tests
___X-Ray Reports ___Scans, Photos, Digital or other images
___Other (please specify)_____

I understand that this will include information relating to: (Check One)
___Acquired Immunodeficiency Syndrome (AIDS) ___Human Immunodeficiency Virus (HIV)
___Behavioral Health service/psychiatric care ___Treatment for alcohol and/or drug abuse

Delivery Instructions

I further authorize the information released in Section 2 to be sent to (Circle One):

Provider:_____ OR Carolina OB/GYN

_____ _____

_____ _____

Phone #:_____ Phone #:_____
Fax #:_____ Fax #:_____

The facility releasing the information may use their professional judgment as to the method of sending the requested information, by fax, mail, overnight delivery or electronically.

Person's Signature

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition:_____
Or ONE YEAR FROM THE DATE SIGNED BELOW, whichever comes first.
In addition, the facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein,
Signature:_____Date:_____