Olive Branch Family Medical Center
9075 Sandidge Center Cove
Olive Branch, MS 38654
Phone (662)895-4949
Fax (662)895-6776

# AUTHORIZATION FOR RELEASE OF INFORMATION

***Please complete One Form for each physician that you see.***

I hereby authorize disclosure of my health information as described below. I understand the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected by federal privacy regulations.

Today's Date: _____

Patient Name: _____ SSN:_____ DOB:_____

| Person/Organization providing information | Person/Organization receiving information<br>*If sending to OBFMC, check here:* |
|---|---|
| Name _____ | _____ |
| Address_____ | _____ |
| _____ | _____ |
| Phone _____ | _____ |
| Fax _____ | _____ |

Release: Complete Records Lab Results Only Progress Notes Only

Other (specify): _____

If you do not want certain portions of your medical record released, please read this section carefully and initial the boxes for the information you do not want released. Otherwise, your records will be released as specified above. I authorize the health care provider to release the information specified to the organization, agency, or individual named above with the exception of:

Substance abuse AIDS/HIV Psychological or psychiatric conditions

Other (specify): _____

I understand that I have the right to revoke this authorization at any time by presenting my written revocation to OBFMC. I understand that revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. If this authorization has not been revoked, it will terminate on the following date, even or condition:

_____ If I fail to specify an expiration date, event or condition, this authorization will automatically expire in 12 months.

Signature of Patient or Personal Representative Printed Name of Patient or Personal Representative

If Personal Representative, the patient is unable to sign because: Minor Incompetent

Other (explain): _____