
Authorization for Release of Protected Health Information (PHI)

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Phoenix Emergency Care

7105-BBailey Creek Circle, SE

Huntsville, AL 35802

Name: _____ Birthdate: _____

SocSecNo: _____ Telephone: _____

Address: _____

The undersigned hereby authorizes and requests Phoenix Emergency Care, PC to disclose and furnish this requested information to the person/facility below. The potential for this information to be redisclosed by this person/facility exists and the information disclosed will not be protected by applicable federal/state laws governing the use and release of your health information:

Name of Person/Facility to be released to: _____

Date of Service (if known): _____

- | | | | |
|----------------------------------------------------|-------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Complete Medical Records | <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Consult Note |
| <input type="checkbox"/> Inpatient Admissions | <input type="checkbox"/> EKG/EEG | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> L/D Birth Record |
| <input type="checkbox"/> History and Physical Exam | <input type="checkbox"/> ED Record | <input type="checkbox"/> X-ray Reports | <input type="checkbox"/> Echo/GXT |
| <input type="checkbox"/> Operative Note | <input type="checkbox"/> MD Orders | <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Lab | | |
| <input type="checkbox"/> Other _____ | | | |

The purpose of this Release of Information is for _____

I understand that my records are protected under HIPAA Regulations.

I understand that, by signing this form, I am confirming my authorization that you may use and/or disclose my medical records described in this form to the person(s) and/or organization(s) named in this form.

Name

Signature

Date