



**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

PRINT PATIENT'S FULL NAME

DATE OF BIRTH

STREET ADDRESS

CITY

STATE, ZIP

PHONE NUMBER

**Release Information FROM:**

**Laurel OBGYN  
41 Oakland RD, STE 200  
Asheville, NC 28801  
(828) 253-9087**

HISTORY AND PHYSICAL  
 PROGRESS NOTES  
 OTHER

LAB RESULTS  
 RADIOLOGY REPORTS

BONE DENSITY  
 ER NOTES

**Release Information TO:**

Name of Company/Agency/Facility/Person

Street Address

City, State, Zip Code

Fax Number

**PURPOSE OF DISCLOSURE:**

REFERRAL TO SPECIALIST     INSURANCE     WORKERS COMP     OTHER  
 LEGAL INVESTIGATION     PERSONAL     DISABILITY DETERMINATION  
 CHANGE OF DOCTOR

In order to better assist you and our other patients please list the reason(s) you are leaving our practice:

I hereby authorize disclosure of the health information for the above patient. I authorize release of information related to AIDS or HIV, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individuals or guardian or Personal Representative of patient's estate

Date

**\*\*Federal and state laws permit a fee to be charged for the copying of patient's records. This fee is based on a per page amount. Laurel Ob-Gyn will contact you and let you know how much your fee is before we send them out.\*\*\***

**\*\*\*OFFICE USE ONLY\*\*\* AMOUNT CHARGED \$ \_\_\_\_\_ \*\*\* PAID CA/CHK# \_\_\_\_\_ /CC\*\*\*INTINALS \_\_\_\_\_**