



2846 Moody Pkwy
Suite 300
Moody, AL 35004
Telephone (205) 640-1756

HIPAA Compliant Authorization for Release of Medical Information

RECORDS RELEASED TO/ FROM:

Name: Hometown Family Medicine
Address: 2846 Moody Pkwy, Ste 300
Moody, AL 35004
Phone: (205) 640-1756
Fax: (205) 640-1796

RECORDS RELEASED TO/ FROM:

Name: _____
Address: _____
Phone: _____
Fax: _____

INFORMATION TO BE USED OR DISCLOSED:

_____ Entire Record
_____ Lab Work
_____ Other _____

PURPOSE OF DISCLOSURE:

_____ Continuity of Care
_____ Transfer of Care
_____ Other _____

Expiration Date of Authorization

This authorization is effective through _____ / _____ / _____ unless revoked or terminated earlier by the patient or patient's representative.

You may revoke or terminate this authorization by submitting a written revocation to Hometown Family Medicine.

YOUR RIGHTS

- *You may inspect or copy information used or disclosed under this authorization
- *You may refuse to sign this authorization

Patient Signature: _____ Date: _____
Patient Name (printed): _____
SS# _____ Date of Birth _____

*FEES FOR COPIES: Federal and State Law permits a fee to be charged for the copying of patient records. This fee will be collected at the time of record release request.