



Magnolia Family Practice

John R. Fleming, Jr., MD, FAAFP

Jennifer K. Weich, FNP-C

1229 Alice Drive

Sumter, SC 29150

803-905-CARE (905-2273)

Fax 803-905-7775

Authorization To Disclose Health Information

Date of request: _____

Patient's Name: _____

Date of Birth: _____

I hereby authorize the use and disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. I also understand that the information used or disclosed under this authorization may be subject to re-disclosure by the recipient.

Purpose of Release:

1) Medical Care [X] 2) Legal Representation _____ 3) Other _____

Information Request From:

Name: Colonial Healthcare

Address: 325 Broad Street, STE 100

Sumter, SC 29150

Phone: 803-773-5227 ext 2516 Fax: 803-753-0125

email: medical.records@colonialhealthcare.com

Information Requested:

- Office notes, Labs, Xrays/EKG's, Hospitalizations, Other, Most recent provider note, Entire record (checked)

I understand that I have a right to revoke this authorization at any time. I must revoke this authorization in writing to the privacy officer of this practice. If I revoke this authorization, I understand that the revocation will not apply to information that has already been released. Unless otherwise revoked, this authorization will expire in six months from the date of authorization.

I hereby authorize the release of any and all information from my medical record as indicated above to Magnolia Family Practice.

Signature of patient/legal representative

Date

Relationship to patient

Witness