Family Medicine Centers of South Carolina

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

_____ _____
(Print **patients** full name) Birth date (Mo/Day/Yr)

_____ _____
(Street address) Social Security Number

_____ _____
(City, state, zip code) Phone (Home)

_____
Account # (if known)

At the request of the individual, I _____, do hereby authorize the release of: (Patient's Name)

_____ All medical records

_____ Other (Describe specific records to be released_____

_____ I do ____ I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

Your current provider with Family Medicine Centers of South Carolina may be relocating within the Columbia area. For additional, updated information visit: www.fmcofsc.com

INFORMATION RELEASE TO: _____
Name of Company/Agency/Facility/Person

_____
Street address

_____
City, state, zip

PURPOSE OF DISCLOSURE:

_____CHANGE OF DOCTOR OTHER_____

I hereby authorize disclosure of the health information for the above-named patient. 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 individual or guardian or Personal Representative of patient's estate **Date**

*See other side

This Document can be mailed or faxed to, **on or before** 05/31/2018 once completed.

Springwood Lake Family Practice
1721 Horseshoe Drive
Columbia, SC 29223 Fax (803) 788-9489

Saluda Pointe Family Medicine
3630 Sunset Blvd.
West Columbia, SC 29169 Fax (803) 239-1601

Midtown Family Medicine
1910 Gregg St
Columbia, SC 29201 Fax (803) 254-2939

Lake Murray Family Medicine
7611 St. Andrews Road
Irmo, SC Fax (803) 724-1101

Woodhill Family Medicine
813 Leesburg Road
Columbia, SC 29209 Fax (803) 695-1531

On or after June 1, 2018 please refer to our website at www.fmcofsc.com for further instructions on record retrieval.