

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

State Wellness Center
101 South Union Street
Montgomery, Alabama 36104
Phone: (334) 263-8470 • Fax: 334-263-8670

I hereby authorize the State Wellness Center & SWC Pharmacy to REQUEST information FROM:

(Provider name and address)

I hereby authorize the State Wellness Center & SWC Pharmacy to RELEASE information TO:

Name: _____ Phone # _____

Address: _____

Regarding the Following Patient:

Name: _____ Phone # _____

Date of Birth: _____ SSN# _____

Address: _____

Records to be Released:

Date(s) treatment was received: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Consultative Report | <input type="checkbox"/> History and Physical | <input type="checkbox"/> Laboratory Report |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Pathology Report | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> X-Ray Film | <input type="checkbox"/> X-Ray Report | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Other: _____ | | |

Purpose of Release:

- Continuing care for ongoing treatment Transfer of Care Insurance Personal Use

This authorization expires on the following date, event or condition: _____

If I do not specify any expiration date, event or condition, this authorization will expire in one year.

Statement of Authorization:

- Except to the extent that action has already been taken, I understand that I may revoke this authorization at any time by giving written notification to the State Wellness Center and SWC Pharmacy.
- I do not authorize further release to any third party. I understand that once information is released as specified in this authorization, the State Wellness Center and SWC Pharmacy and their employees cannot prevent the re-disclosure of that information. I hereby release each of them from any and all liability arising directly or indirectly from disclosure authorized by this consent and any re-disclosure of that information.

Signature of Patient/Legal Representative

Date