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Authorization for Release of Medical Information

(Print Patients Full Name) Previous name Date of Birth

(Street address) City State Zip Code

Phone (home/Cell)

I hereby authorize,
Midway Medical Center, PA
CHECK ONE:

_____ to release information from my medical record (as Stated below) to:
_____ to receive information from:

Provider/Organization Name: _____

Address: _____
Street address City state Zip

Phone: _____ Fax: _____

INFORMATION TO BE RELEASED: OV notes _____ Lab test _____ Radiology Results _____
Other: _____

PURPOSE OF DISCLOSURE: ___ Legal ___ Physician Request ___ Insurance ___ Personal use
___ Changing Physicians ___ Other: _____

If records are more than 10 pages DO NOT FAX, Please Mail

I hereby authorize disclosure of the health information for the above named patient. I 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. **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 authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individual/ legal guardian/ Authorized Person of patient's estate Date

NOTE: Federal and state laws permit a fee to be charged for the copying of patient's records. Health Port has been contracted to provide the service of medical records request. Currently, the charge is \$0.75 (1-25 pgs.) \$0.50 (26-100) \$0.25 (100+) plus actual postage for Patients Personal Request. Prices are subject to change without notice. Health Port can be reached at 1-800-367-1500