Innova Primary Care, PC
247 Chateau Drive Huntsville, AL 35801-6401
Ph: 256-882-1510 Fax: 256-217-5838

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____
Contact Number: _____ Social Security #: _____

I request and authorize (Dr Name) _____ of (Facility Name)_____ in (State Name) _____ to release healthcare information of the patient named above to: _____
Address: _____City: _____State: _____ Zip Code: _____

I authorize the following PHI for disclosure:

___Abstract/Pertinent	___Operative Notes	___ER Report	___History & Physical
___Progress Notes	___Lab	___ Immunizations	___Discharge Summary
___Physicians Orders	___X-Ray	___Consult	___Nurses Note

Other: _____

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above. _____ (initial)

I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone. _____ (initial)

I understand that I have the right to revoke this authorization at any time. I understand that I must do so in writing and present the written revocation to Internal Medicine. I understand that the revocation will not apply to information that has already been released to this authorization. The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164] , and the Privacy Act of 1974 [5 USC 552a]

Patient's Signature:_____ Date:_____

This authorization expires 90 days after the above dated signature

Innova Primary Care, PC contracts with Acton Corporation to process all requests for medical records. Patients requesting a copy of their medical records can receive an abstract of their chart at no cost. If the entire chart is needed it will be subject to Alabama State Statute Section 12-21-6.1. Search fee of $5.00, $1.00 a page for the first 25 pages, $0.50 a page for every page after 25 and the actual cost of postage. We are available during normal business hours to assist you. Thanks.
Acton Corporation 1.888.678.7227

Innova Primary Care, PC strives to provide the best of care and service to all patients and will accommodate you to the best of our ability. In doing so, we maintain archived paper charts for retention purposes in secure off-site storage. There is a delay and additional expense associated with the retrieval of these charts.
If you require records from before 8/21/2012, please acknowledge below.

Initial: _____ Yes, I require the old records and acknowledge additional time will be required.