

**Outgoing Records Release from  
Innova Primary Care, PC**

247 Chateau Drive Huntsville, AL 35801-6401  
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**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

I request and authorize (Provider's Name) \_\_\_\_\_ of *Innova Primary Care, PC*  
in Alabama to release healthcare information of the patient named above to: (External Provider & Clinic  
Name) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I authorize the following PHI for disclosure:**

- Last year of provider progress notes     Labs from past year     Diagnostic Imaging  
 Immunizations     Colonoscopy     Pap Smear/HPV testing

Other: \_\_\_\_\_

\_\_\_\_\_ (initial) 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.

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 Innova Primary Care, PC. 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 HealthMark Corporation to process all requests for medical records. Patients requesting a copy of their medical records can receive an emailed/PDF version of their chart at no cost. If the entire chart needs to be mailed a fee will be charged per the number of pages and the type of shipping. If 1-68 pages are requested to be mailed, it is free of charge. If 69-499 pages are requested to be mailed, it is \$20.00 for ground shipping or \$35.00 for priority shipping. Anything over 500 pages will automatically be shipped with priority mail for \$35.00. We are available during normal business hours to assist you. Thank you. **HealthMark Group 1-800-659-4035.**