

Montgomery Family Medicine
Brian W. Elrod, M.D., Eric W. Graves, M.D.
Jeffrey W. Mathis, M.D., A. Stuart Hendon, M.D.
Daniel L. Moore, M.D.
P.O.Box 240369 / 8190 Seaton Place
Montgomery, AL 36124-0396
Phone: (334) 396-9100
Fax: (334) 396-9110
www.MontgomeryFamMed.com

Date: _____

I am requesting that copies of my medical chart currently on file at Montgomery Family Medicine be sent to:

Initial one please:

____ Please send my complete chart.

____ Please send all information currently in my medical chart since this date: _____

Initial ALL that you agree to release. Your initial IS NOT an admission that your chart contains this information:

____ You MAY include information about any sexually transmitted disease.

____ You MAY include information about abuse or treatment for alcohol or drug abuse.

____ You MAY include information about any HIV infection or AIDS diagnosis.

____ You MAY include any information about psychological, psychiatric or mental health diagnoses and/or treatment.

I understand that there will be a charge for this service and the copies will be sent via U.S. mail at Montgomery Family Medicine's earliest convenient. I further understand that I am entitled to a copy of this authorization.

Print Patient Name: _____ **Patient SSN:** _____

DOB: _____ **Signature:** _____

(Patient or Guardian)

Relationship to Patient: _____ **Contact Telephone Number:** _____

Name of Physician: _____ **Reason for request:** _____

(Not Required)

***Please note it will take 2-3 weeks for records to be processed.**

***The following statements are required by law.**

Information released pursuant to this authorization is subject to redisclosure by the recipient and therefore the protection of this information can not be guaranteed by this facility.

You may revoke this authorization at any time, except when information has already been released pursuant to this authorization.

This authorization only permits Montgomery Family Medicine to release **one** copied set of the desired portion of your medical records. Additional sets of copies, even to the same recipient, will require a new authorization.

Have A Nice Day!
Medical Records