



Morrilton Medical Clinic
 #10 Hospital Drive
 Morrilton, AR 72110
 Phone: 501-354-0052 Fax: 501-354-2716

RELEASE OF MEDICAL RECORD

All sections MUST be completed to be valid.

Patient's Name: _____ Patient's Date of Birth: _____

I request Patient's Protected Health Information be released **FROM:** (name/address/phone/fax)

I request Patient's Protected Health Information be released **TO:** (name/address/phone/fax)

Do you want records from a specific visit or date range released? If so, please explain: _____

Please indicate if you request one of the following be released: Complete Medical Record
 All Laboratory Reports
 All Radiology Reports

By signing below, I understand and agree to the following:

- I understand that the patient's health records may include information about sexually transmitted disease(s), AIDS, HIV, alcohol/drug abuse, and mental health. I understand that these will be released unless I specify restrictions as follows:

- I understand there may be a fee for records provided directly to the patient from Morrilton Medical Clinic.
- I understand that I have the right to revoke my authorization; however, it shall not be considered revoked to the extent my Health Care Provider has relied on it. I understand that once this information has been disclosed to third parties there may not be any safeguards to prevent the third party from further disclosing the Protected Health Information. I understand that this authorization will automatically expire one year from the signature date unless I request it expire in _____ days. I understand I may revoke this authorization sooner, in writing, by contacting the Privacy Official: Kathy Fugate at Morrilton Medical Clinic, 10 Hospital Drive, Morrilton, AR 72110. (501) 354-0052, ext. 114. I understand that my treatment or evaluation is not contingent upon my signing this authorization.

 Patient's Signature (if age 18 or older)

 Date

 Guardian/Legal Representative's Signature
 (if under 18 or incapacitated)

 Relationship to Patient

Requester's phone number: _____