

AUBURN URGENT CARE, INC.
1650A S College St, Auburn, AL, 36832
Phone: (334) 821-3221
Fax (334) 821-1389

MEDICAL RECORDS RELEASE FORM

COST OF REPRODUCTION

Ala. Code § 12-21-6.1 provides for not be more than one dollar (\$1) for each page of the first 25 pages, not more than 50 cents (\$.50) for each page in excess of 25 pages. If the medical records mailed to the person making the request, reasonable costs shall include the actual costs of mailing the medical records. A person may charge in addition to the fees allowed the actual cost of reproducing X-rays and other special medical records.

PATIENT INFORMATION

*: *Required Information*

Patient Name*: _____ Date of Birth*: _____

Telephone*: _____

Email*: _____

RELEASE RECORDS TO: *Where records should be sent.*

_____ Same as above

Name of Facility (if applicable): _____

Address*: _____

Phone: _____ Fax: _____

INFORMATION TO BE RELEASED: Fees may apply.

_____ History & Physical _____ Laboratory Results

_____ Operative Reports _____ Radiology Reports

_____ Progress Notes

_____ Other (Please specify): _____

DATES OF TREATMENT TO BE RELEASED

Dates from: _____ to _____ or specific date: _____

AUTHORIZATION

By signing this form, I authorize Auburn Urgent Care, Inc. to release medical information of the patient named above.

Patient/Authorized Signature: _____

Date: _____