



AUTHORIZATION TO OBTAIN/RELEASE MEDICAL INFORMATION

Patient information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
Address: \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Please select one of the following:

- Release information FROM Auburn University Medical Clinic to an outside facility/clinic/person
Obtain information from outside facility/clinic/person TO Auburn University Medical Clinic

Purpose of Request:

- New Patient Request Legal Personal Transfer out Coordination of Care

Outside Clinic/Facility Information

Name/ Facility: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Please select one of the following:

- Fax Records Mail Records Hold Records for Patient Pickup

Information Type(s):

- Immunizations ONLY: please specify (if all, put ALL) \_\_\_\_\_
Date Range of Records Request \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
Clinic Notes
Lab Reports
Radiology Report/ CD (please note there is a \$16 charge for CD picked up from AU Med Clinic)
Other: please specify \_\_\_\_\_

There is a fee of \$1.00 per page for the first 25 pages and \$.50 per page for each additional page after 25 for any records picked up by the patient from the AU Medical Clinic.
There is no fee to send records from the AU Medical Clinic to another clinic/physician.
PLEASE ALLOW AUMC RECORDS DEPARTMENT 3 BUSINESS DAYS TO COMPLETE YOUR REQUEST
AUMC does not provide copies of records received from another physician or institution. Please request these records directly from the original healthcare provider.

Signature (Patient's or Patient's Authorized Representative)

Date

Witness Signature (REQUIRED)

Date

This authorization is valid for 90 days unless you specify otherwise. You may revoke this authorization at any time by providing a written statement to the medical record department except to the extent that AUMC has already completed the action.