

Request Form for Obtaining or Disclosure of Records

Palmetto Digestive Health Specialists

2073 Charlie Hall Blvd., Charleston, SC 29414

Phone: (843) 571-0643 Fax: (843) 571-0311

<u>Name:</u>	<u>Date of Birth:</u>
<u>Address:</u>	<u>Telephone #:</u>

Please mark records to be released:

EGD _____

Labs _____ (last 3 months)

Colonoscopy _____

Radiology _____ (last 3 months)

Most Recent Office Visit _____

Other _____

Release My Records From:

Doctor/Hospital: _____

Address (City, State, Zip): _____

Phone: _____ Fax: _____

Send Records To:

Doctor/Hospital: _____

Address (City, State, Zip): _____

Phone: _____ Fax: _____

This authorization shall be effective for one year from the date of my signature, or earlier if terminated by sending written notification to Palmetto Digestive Health Specialists Privacy Officer at the address above.

I understand that information used or disclosed under this authorization may be subject to redisclosure by the entity receiving this information and therefore no longer protected by state and federal law as it is in the possession of Palmetto Digestive Health Specialists.

I understand that there may be a fee if I, (the patient) request a copy of records for personal use.

This practice will not condition treatment/payment for services on whether I sign this authorization.

____/____/____
Date

Signature of Individual/Legal Representative

Legal Representative's Authority

____/____/____
Date

Witness