

Family Medicine Centers of South Carolina

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Print **patients** full name)

Birth date (Mo/Day/Yr)

(Street address)

Social Security Number

(City, state, zip code)

Phone (Home)

Account # (if known)

At the request of the individual, I _____, do hereby
authorize the release of: (Patient's Name)

_____ All medical records

_____ Other (Describe specific records to be released _____)

_____ I do _____ I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

Your current provider with Family Medicine Centers of South Carolina may be relocating within the Columbia area. For additional, updated information visit: www.fmcofsc.com

INFORMATION RELEASE TO:

Name of Company/Agency/Facility/Person

Street address

City, state, zip

PURPOSE OF DISCLOSURE:

_____ CHANGE OF DOCTOR

OTHER _____

I hereby authorize disclosure of the health information for the above-named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign the authorization.

**Signature of individual or guardian or
Personal Representative of patient's estate**

Date

*See other side

This Document can be mailed or faxed to, **on or before** 05/31/2018 once completed.

Springwood Lake Family Practice
1721 Horseshoe Drive
Columbia, SC 29223

Fax (803) 788-9489

Saluda Pointe Family Medicine
3630 Sunset Blvd.
West Columbia, SC 29169

Fax (803) 239-1601

Midtown Family Medicine
1910 Gregg St
Columbia, SC 29201

Fax (803) 254-2939

Lake Murray Family Medicine
7611 St. Andrews Road
Irmo, SC

Fax (803) 724-1101

Woodhill Family Medicine
813 Leesburg Road
Columbia, SC 29209

Fax (803) 695-1531

On or after June 1, 2018 please refer to our website at www.fmcofsc.com for further instructions on record retrieval.