

GRAYSON & ASSOCIATES, P.C.
RELEASE OF INFORMATION

PATIENT NAME: _____ DOB: _____

I, _____, hereby authorize Grayson & Associates, P.C. to release to:

_____ Agency or Individual

_____ phone number

We will mail your records to the address completed below.

_____ The above named patient's Protected Health Information:

_____ all medical records

_____ all financial records

_____ the following records _____

I understand that the records described above may contain information relating to sexually transmitted disease, HIV/AIDS, notifiable diseases, alcohol and drug abuse treatment and/or mental health, and I specifically authorize the release of this information.

Patient or Personal Representative Signature: _____ Date: _____

Relationship to patient if signed by Personal Representative: _____

The Protected Health Information described above is to be released for the following purposes:

_____ (Life Insurance, Disability, at request of patient or parent, etc.)

I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that Grayson & Associates, P.C. cannot condition treatment, payment, enrollment or eligibility of benefits on the signing of this authorization. I understand that I may revoke this authorization by sending written notice to Grayson & Associates, P.C. at the address checked off below. However, I understand that any revocation will not be effective as to any action taken in reliance of the authorization prior to receipt of the written revocation.

This authorization will expire on the following: (Please circle one) Date _____ One time only
(No longer than one year from date signed)

Patient or Personal Representative Signature: _____ Date: _____

Relationship to patient if signed by Personal Representative: _____

Please check off the appropriate Grayson & Associates, P.C. Office Location Below:

<input type="checkbox"/> Homewood Location 2200 Lakeshore Drive Suite #150 Birmingham, AL 35209 Phone (205) 871-6926	<input type="checkbox"/> Riverchase Location 100 Concourse Parkway Suite #101 Birmingham, AL 35244 Phone (205) 444-0420	<input type="checkbox"/> Trussville Location 3504 Vann Road Suite #100 Birmingham, AL 35235 Phone (205) 655-0585	<input type="checkbox"/> Meadowbrook Location 1200 Corporate Drive Suite #125 Birmingham, AL 35242 Phone (205) 329-7992	<input type="checkbox"/> Park Plaza 2204 Lakeshore Drive Suite #440 Birmingham, AL 35209 Phone (205) 874-7844
--	---	--	---	---