Ob-Gyn Associates of Alabama P. C.
St. Vincent's North Tower
800 St. Vincent's Drive Ste.600
Birmingham, Alabama 35205
Phone: (205) 271-1600 Fax (205) 271-3167

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Patient name:_________________________________ Date of birth:______________

Social security number:___________________________________

I authorize the release of my medical records to:

_____**Dr. John C. Foster** _____**Dr. Rupa D. Goolsby** _____**Dr. Crista Thomas**
_____**Dr. William M. Johnson III** _____**Dr. Jodi B. Benton** _____ **Valentina Folse P.A.C**

The disclosure will be made to the following person or entity (former doctor):

____ Phone:____________________
____
____ Fax:_____________________

The type of information to be disclosed:

( ) List of medications and or allergies
( ) Most recent history and physical
( ) Most recent discharge summary
( ) Laboratory results
( ) X-ray and imaging reports
( ) Entire Records
( ) OTHER____

I herby authorize the use or disclosure of information about the above named individual and I understand that:

1. This information about me is protected under federal law.
2. I may refuse to sign the authorization.
3. I have the right to revoke this authorization in writing.
4. Any revocation will be effective only to the extent that action has not been taken in reliance of my prior authorization.
5. Unless I revoke this authorization, it will expire it will expire on the following date_/_/__, event or condition:______________________. If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
6. By signing below, I recognize that he protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law.

____ ______________________
Signature of Patient or Personal Representative Date

____ ______________________
Relationship of Personal Representative to the Patient Signature of Witness