



ATTN: MEDICAL RECORDS DEPT. 325 BROAD STREET - STE 100 SUMTER, SC 29150
P:803-773-5227 X.2516 F:803-753-0125

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

PATIENT NAME(PLEASE PRINT) DATE OF BIRTH

ADDRESS PHONE

CITY STATE ZIP

I AUTHORIZE CFP TO (CHECK ONE): [] RELEASE INFORMATION TO: [] OBTAIN INFORMATION FROM:

FACILITY/PERSON/SELF

ADDRESS

CITY STATE ZIP

PHONE() FAX()

IF TO "SELF (CHECK ONE): [] RECORDS ON PAPER [] RECORDS ON CD(PDF FORMAT) **READ NOTICE BELOW FOR FEES**

[] I WOULD LIKE TO PICK UP MY RECORDS AT (PREFERRED CFP LOCATION)

IF THE ABOVE BOX IS NOT MARKED, THE RECORDS WILL AUTOMATICALLY BE SENT VIA RECORDQUEST.

PLEASE CHECK ALL THAT APPLY. SPECIFY DATES IF APPLICABLE:

- [] IMMUNIZATION RECORDS
[] ALL MEDICAL RECORDS
[] OFFICE VISIT NOTES
[] RADIOLOGY REPORTS
[] LAB REPORTS
[] OTHER:

PURPOSE OF RELEASE:

- [] REFERRAL
[] PERSONAL USE **READ NOTICE BELOW FOR FEES**
[] TRANSFER/CONTINUATION OF CARE
[] RELOCATION
[] WORKER'S COMPENSATION
[] DISABILITY DETERMINATION
[] ARMED FORCES REQUIREMENT
[] LEGAL MATTERS
[] OTHER

PLEASE CHECK FOR RELEASE UNDER SPECIAL PROTECTION BYLAWS.

- [] DIAGNOSIS/TREATMENT OF AIDS, HIV TESTS
[] DIAGNOSIS/TREAT OF DRUGS AND/OR ALCOHOL ABUSE
[] TREATMENT AND/OR CONSULTATION FOR MENTAL HEALTH OR PSYCHOLOGICAL CARE

UNLESS REVOKED/CANCELLED IN WRITING, THIS AUTHORIZATION WILL EXPIRE ONE YEAR FROM TODAY'S DATE OR ON

I UNDERSTAND AUTHORIZATION OF THIS FORM IS VOLUNTARY. I UNDERSTAND THIS FORM CARRIES WITH IT THE POSSIBILITY OF UNAUTHORIZED DISCLOSURE BY THE ORGANIZATION RECEIVING THE INFORMATION. I UNDERSTAND ALL EMPLOYEES, PHYSICIANS OR OFFICERS OF COLONIAL HEALTHCARE ARE RELEASED FROM LEGAL LIABILITY FOR RELEASE OF THE ABOVE INFORMATION TO THE EXTENT INDICATED AND AUTHORIZED. I UNDERSTAND THE FEES FOR COPIES OF MEDICAL RECORDS ARE PROVIDED BY S.C. LAW, SC ST SEC 44/115-80.

SIGNATURE OF PATIENT/LEGAL GUARDIAN/REPRESENTATIVE

DATE

PRINT NAME & RELATIONSHIP TO PATIENT IF NECESSARY

WITNESS SIGNATURE/DATE

NOTICE: EVERYTHING ON THIS FORM MUST BE FILLED OUT. IF ANYTHING IS MISSING OR INCORRECT, THE FORM WILL BE REJECTED. PLEASE ALLOW 7-10 BUSINESS DAYS TO PROCESS. IF RECORDS ARE FOR SELF, PLEASE REFER TO S.C. LAW, SC ST SEC 44/115-80 REGARDING FEES: PAGES 1-30 \$0.65 A PAGE, PAGES 31+ \$0.50 A PAGE FOR PAPER REQUESTS. (With a cap of \$200.00) \$25 FOR PDF FORMAT ON CD.

(UPDATED: 07/2019)