



Release of Information is managed by ScanSTAT Technologies

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AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

PATIENT INFORMATION:

_____ Last Name	_____ First Name	_____ MI	_____ Date of Birth
_____ Street Address / Apt# (Include Complete Mailing Address)			_____ Social Security #
_____ City	_____ State	_____ Zip Code	_____ Telephone Number

PERSON(S) / ORGANIZATION(S) AUTHORIZED TO MAKE DISCLOSURE: FAMILY HEALTH SOURCE

RELEASE AND DISCLOSE MY PROTECTED HEALTH INFORMATION TO (Recipient of Use / Disclosure):

_____ Street Address / Apt# or Suite (Include Complete Mailing Address)	_____ Telephone Number		
_____ City	_____ State	_____ Zip Code	_____ Fax Number

DELIVERY METHOD FOR DUPLICATION OF RECORDS:

MAIL PAPER DUPLICATION MAIL CD/DVD DIGITAL DUPLICATION FAX DUPLICATION

EMAIL/ELECTRONIC DIGITAL DUPLICATION – **Please see page 2 of this release form.**

DIGITAL DUPLICATION WILL BE PROVIDED IN PDF FORMAT. YOU CAN OBTAIN A COPY TO ADOBE READER AT <http://www.adobe.com/>

TREATMENT DATE(S) TO BE USED/DISCLOSED: From _____ to _____

DESCRIPTION OF INFORMATION TO BE DISCLOSED FOR THE ABOVE TREATMENT DATE(S) PROVIDED:

Abstract/Summary of Medical Records for personal or physician use Complete Medical Records

“OR” SPECIFIC DOCUMENT(S) TO BE DISCLOSED FOR THE ABOVE TREATMENT DATE(S) PROVIDED:

- | | | |
|--|---|--|
| <input type="checkbox"/> Clinic/Office Note(s) | <input type="checkbox"/> Laboratory Report(s) | <input type="checkbox"/> Diagnostic Test/Report(s) |
| <input type="checkbox"/> Consultation(s) | <input type="checkbox"/> Operative Report(s) | <input type="checkbox"/> Radiology CD/Film(s) |
| <input type="checkbox"/> Pathology Report(s) | <input type="checkbox"/> Itemized Bill(s) | <input type="checkbox"/> Other, specify _____ |

This information may include Medical/Surgical, Psychiatric, Substance Abuse, and HIV/AIDS information.

SPECIFIC INFORMATION NOT TO BE DISCLOSED: _____

THIS INFORMATION IS TO BE USED/DISCLOSED FOR THE FOLLOWING PURPOSE(S): (check all that apply)

- Continuation of Care Patient Transfer Legal Insurance Other- explain _____

