



12 Office Park Circle  
Mountain Brook, Alabama 35223  
Phone: 205-933-0320  
Fax: 205-933-6400

**AUTHORIZATION FOR USE OR DISCLOSURE OF PATIENT INFORMATION**

Patient Name \_\_\_\_\_ Patient's DOB \_\_\_\_\_  
Patient Address \_\_\_\_\_ Patient's Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

<b>Persons/Facility providing medical records:</b>	<b>Persons/Facility receiving medical records:</b>
Name: _____	Rheumatology Associates, P.C.
Address: _____	12 Office Park Circle
City, State, Zip: _____	Mountain Brook, AL 35223
Phone: _____	Phone: (205) 933-0320 Fax: (205) 933-6400
Fax: _____	Attn: Mary J.

The type of information to be used or disclosed is as follows, please provide dates of service:

Clinic Notes (\_\_\_\_\_ to \_\_\_\_\_)       Lab Reports (\_\_\_\_\_ to \_\_\_\_\_)  
 Radiology Reports (\_\_\_\_\_ to \_\_\_\_\_)       Medication List (\_\_\_\_\_ to \_\_\_\_\_)  
 Billing Records (\_\_\_\_\_ to \_\_\_\_\_)       Other

If Other, please specify: \_\_\_\_\_

Purpose of Use or Disclosure:

Personal records  
 Sharing with other healthcare providers  
 Other (please describe) \_\_\_\_\_

1. I understand that the information in my health record may include information related to drug and/or alcohol abuse/treatment, behavioral or mental health services, or records pertaining to sexually transmitted diseases, if they are part of my record.
2. I understand that I have the right to revoke this authorization at any time. I understand that If I revoke this authorization, I must do so in writing, and that it will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

\_\_\_\_\_  
Signature of Patient or Legal Representative      Date

\_\_\_\_\_  
If signed by Legal Representative, Relationship to Patient      Date

\_\_\_\_\_  
Signature of Witness  
**This authorization will expire 12 months from the date of signature**