



Steven J. King, MD, PhD
Vivian Tucker, CRNP

Solid Oak Adult & Pediatric
P O Box 1086
Gardendale, AL 35071
Phone # (205) 285-2095
Fax# (205)-285-2093

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Patient Name: _____
Address: _____
Phone Number: _____
SSN: _____ Date of Birth: _____

INFORMATION TO BE RELEASE TO:

Name: _____
Address: _____
Phone Number: _____ Fax Number: _____

INFORMATION TO BE RELEASE FROM:

Name: _____
Address: _____
Phone Number: _____ Fax Number: _____

For the purpose of (e.g. leaving this practice to seek care with another physician, consultation with a physician of another specialty, legal or insurance purposes):

Information to be released is to include (please check to indicate):

- | | | |
|---|---|--|
| <input type="checkbox"/> Problem List | <input type="checkbox"/> Imaging reports/X-rays | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Medication List | <input type="checkbox"/> Vaccination Record | <input type="checkbox"/> Entire Record (Transferring Care) |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Discharge Summaries | <input type="checkbox"/> G.I. Medical Records Only |
| <input type="checkbox"/> Other: _____ | | |

I understand that if this request for release if information is for the purpose of leaving this practice to seek care with another physician I must pay any remaining balance on my account before records can be released.

Medical records released to parents/patients will be charged a fee of: \$1.00 for the first 25 pages and 50 cents for each additional page. Cost of postage will be added if mailed. Payment will be required before records are released

Signature: _____ Date: _____
Relationship to Patient: _____ Expiration Date: _____

Expiration date will be one year from date of signature if this is left blank