

The Davis Community

1011 Porters Neck Rd | Wilmington, NC 28411
Phone: 910-686-7195 | Fax: 910-319-2105 |

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____

Date of Birth: _____

Address: _____

Phone: _____

I request and authorize The Davis Community to release healthcare information of the patient named above to:

- Personal Request
- Authorized Representative: _____
- Doctor, Hospital or Medical Office, or Attorney or other:

Records to Release:

- MD Progress Notes
- Nursing Notes
- Labs/ X-Rays/ Radiology
- Medication List
- Physical Therapy Notes
- Occupational Therapy Notes
- Speech Therapy Notes
- Immunizations
- Other: _____

Dates of Service: _____

Method of Release: Mail Fax In Person

I understand that The Davis Community may deny any part of this request under limited circumstances permitted by federal regulations pertaining to Protected Health Information (PHI) and the use and release of that information. I further understand that should any portion of my request be denied, I will be informed of the denial and my appeal rights. Please note that The Davis Community does not *release records created by other providers*.

Resident Signature: _____

Date: _____

Authorized Representative Signature: _____

Date: _____

Printed Authorized Representative Name: _____

Relationship/Legal Authority: _____

Representative's Address: _____

Phone: _____

This authorization will expire on: _____

Please fax, mail or drop off to the Medical Records Department with photo ID, and proper identification.

Office Use Only: Records Released By: _____