Alabama Vein & Restoration Medspa

4721 Chace Circle
Hoover, AL 35244
Phone: 205-823-0151 Fax: 205-823-5218

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

By signing this authorization, I _____ authorize Alabama Vein & Restoration Medspa to use and/or disclose my protected health information/medical records to the following:
(Please be sure to list below the name of the physician/company, address, phone number, and fax number to where your medical records are to be sent.)

Physician Name _____

Address _____

Phone number _____

Fax number _____

If requesting to be sent to your personal home address, **please list your mailing address below**.
MEDICAL RECORDS CAN NOT BE FAXED TO A HOME NUMBER OR AN UNSECURED FAX

_____

_____

Signed by:

_____ _____
Signature of Patient or Legal Guardian Relationship to Patient

_____ _____
Print Patient's Name Patient's Date of Birth

_____ _____
Print Patient's Legal Guardian Date

PATIENT/GUARDIAN TO BE PROVIDED WITH A SIGNED COPY OF AUTHORIZATION