

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 MEDICAL RECORDS AND OTHER DOCUMENTS CONTAINING PROTECTED HEALTH INFORMATION

By signing this authorization, I authorize _____ to disclose my medical records or protected health information/medical records to the following:

Alabama Vein & Restoration Medspa
4721 Chace Circle
Hoover, AL 35244

The patient indicates that the information will be disclosed at the request of the patient for the following purpose(s):

I have been advised that when my information is disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected as confidential.

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