Blossomwood Medical
primary care for adults

2121 Whitesburg Drive Suite C Huntsville, Alabama 35801 Phone: (256) 883-0107 Fax: (256) 883-0207

Authorization for Release / Request of Protected Health Information (PHI)

Please fill out this form so that we can transfer records to or from Blossomwood Medical.

Patient's Name: _____ DOB: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

SSN: _____ Patient's Phone Number: _____

Date of Request: _____ Date Information Needed: _____

I authorize Blossomwood Medical to:

RELEASE **RECEIVE**
information from:

_____
Name of Provider or Facility

_____
Address

_____
City, State, Zip Code

_____
Phone & Fax Number

Reason for this request (circle one):
Health Care Insurance Personal Other

Type of Records Requested (circle one):
Lab Results Imaging Results Office Notes All Medical Records
Records Relating to a Specific Date: _____

- **I understand that my right to healthcare treatment is not conditioned on this authorization.**
- **I may cancel this authorization at any time by submitting a written request to the address provided at the top of this form, except where disclosure has already been made in reliance.**
- **Release of HIV related information, mental health related care, or substance abuse diagnoses and treatment requires additional authorization.**

_____ _____

Signature **Date**