

Montgomery Family Medicine  
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**Date:** \_\_\_\_\_

I am requesting that copies of my medical chart currently on file at Montgomery Family Medicine be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records are mailed by Acton, our copying service who will add postage to the bill. We do not fax complete records.

Initial one please:

\_\_\_\_\_ Please send the most recent notes from my chart (usually the last two years).

\_\_\_\_\_ Please send all information currently in my medical chart since this date: \_\_\_\_\_

Initial ALL that you agree to release. Your initial IS NOT an admission that your chart contains this information:

\_\_\_\_\_ You MAY include information about any sexually transmitted disease.

\_\_\_\_\_ You MAY include information about abuse or treatment for alcohol or drug abuse.

\_\_\_\_\_ You MAY include information about any HIV infection or AIDS diagnosis.

\_\_\_\_\_ You MAY include any information about psychological, psychiatric or mental health diagnoses and/or treatment.

I understand that there will be a charge for this service and the copies will be sent via U.S. mail at Montgomery Family Medicine's earliest convenient. I further understand that I am entitled to a copy of this authorization.

**Print Patient Name:** \_\_\_\_\_

**Patient SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_  
(Patient or Guardian)

**Name of Physician:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_  
(Not Required)

**\*Please note it will take 2-3 weeks for records to be processed.**

**\*The following statements are required by law.**

Information released pursuant to this authorization is subject to redisclosure by the recipient and therefore the protection of this information can not be guaranteed by this facility.

You may revoke this authorization at any time, except when information has already been released pursuant to this authorization.

This authorization only permits Montgomery Family Medicine to release **one** copied set of the desired portion of your medical records. Additional sets of copies, even to the same recipient, will require a new authorization.

**Have A Nice Day! Medical Records**