



AUBURN
UNIVERSITY

MEDICAL CLINIC

400 Le m Morrison Drive
Auburn University, AL 36849
Phone: 334-844-4416 Fax: 334-528-5416
aumcmcdrecords@eamc.org

AUTHORIZATION TO OBTAIN/RELEASE MEDICAL INFORMATION

Patient Information

Name: PARSONS SCOTT W
Address: 2023 Ellen St
City: Montgomery State: AL Zip: 36106

Date of Birth: 2 / 5 / 73
Cell Phone: (334) 740-9584
Email: sparsons@aum.edu

Please select one of the following:

- ☐ Release information FROM Auburn University Medical Clinic to an outside facility/clinic/person
☒ Obtain information from outside facility/clinic/person TO Auburn University Medical Clinic

Purpose of Request:

- ☐ New Patient Request ☐ Legal ☒ Personal ☐ Transfer out ☐ Coordination of Care

Outside Clinic/Facility Information

Name/Facility: AUM MEDICAL CLINIC
Address: 7161 E DRIVE
City: MONTGOMERY State: AL Zip: 36104

Phone: (334) 244-3281
Fax: (334) 244-3396

Please select one of the following:

- ☒ Fax Records ☐ Mail Records ☐ Hold Records for Patient Pickup

Information Type(s):

- ☐ Immunizations ONLY: please specify (if all, put ALL) _____

Date Range of Records Request 3 / 1 / 17 to 8 / 30 / 22

- ☐ Clinic Notes
☐ Lab Reports
☐ Radiology Report/ CD (please note there is a \$16 charge for CD picked up from AU Med Clinic)
☐ Other: please specify _____

There is a fee of \$1.00 per page for the first 25 pages and \$.50 per page for each additional page after 25 for any records picked up by the patient from the AU Medical Clinic.

There is no fee to send records from the AU Medical Clinic to another clinic/physician.

PLEASE ALLOW AUMC RECORDS DEPARTMENT 3 BUSINESS DAYS TO COMPLETE YOUR REQUEST

AUMC does not provide copies of records received from another physician or institution. Please request these records directly from the original healthcare provider.

Signature (Patient's or Patient's Authorized Representative)

Date

Witness Signature (REQUIRED)

Date

This authorization is valid for 90 days unless you specify otherwise. You may revoke this authorization at any time by providing a written statement to the medical record department except to the extent that AUMC has already completed the action.