



MEDICAL CLINIC

400 Lem Morrison Drive
Auburn University, AL 36849
Phone: 334-844-4416 Fax: 334-528-6780
aumcmrecords@eamc.org

AUTHORIZATION TO OBTAIN/RELEASE MEDICAL INFORMATION

Patient information

Name: Gray Devonna Date of Birth: 9 / 10 / 2021
Last First Middle
Address: 5421 Calmar Dr. Apt 6. Cell Phone : (518) 364-4394
City: Montgomery State: AL Zip: 36114 Email: _____

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: Baptist medical center East ER
Address: _____ Phone : (_____) _____
City: Montgomery State: AL Zip: 36117 Fax: (_____) _____

Please select one of the following:

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

Information Type(s): 244-3396

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

Date Range of Records Request 08 / 01 / 2021 to 09 / 10 / 2021

- ☒ 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.

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

9/10/2021
Date

W. B. [Signature]
Witness Signature (REQUIRED)

9/10/2021
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.