

* * * Communication Result Report (Dec. 11. 2024 10:32AM) * * *

1) AJM Warhawk Health Svcs.
2)

Date/Time: Dec. 11. 2024 10:27AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
9415 Memory TX	Baptist east-records	P. 2	OK	

Reason for error

E. 1) Hang Up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection
E. 6) Destination does not support IP-Fax

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 344-244-3396



**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: Medical Records

To: Baptist East

From: Doetra

Fax: 747-8141

Pages: 2

Phone:

Date: 12/11/24

Re: Medical Records Request

☒ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Comments: Patient currently in
office for ER flu

Please fax records back
to 334-244-3396.
Thanks in advance
!!

Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.



AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information

Student Number: _____	
Name: <u>Devonna Gray</u>	Date of Birth: <u>3/25/1961</u>
Address: <u>5621 Calmar Dr. #C</u>	Phone Number: <u>(518) 364-4394</u>
City: <u>Montgomery</u> State: <u>AL</u> Zip: <u>36116</u>	Email: <u>DevonnaGray1030@gmail.com</u>

Please select one of the following:

- ☐ Release information FROM Auburn University at Montgomery Student Health Services to an AUM department/outside medical facility/person (Circle one)
- ☒ Release information from an AUM department/outside medical facility/person (Circle one)
TO Auburn University at Montgomery Student Health Services

Outside Medical Facility/ AUM Department/Person

Name: <u>Baptist East</u>	Date of Birth: ____/____/____
Address: _____	Phone: _____ Fax: _____
City: _____ State: _____ Zip: _____	Email: _____

Please select one of the following:

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

Type(s) of Records Requested:

- ☐ Immunizations ONLY: please specify (if all, put ALL) _____
- ☒ Radiology Report
- ☒ Lab Results
- ☒ General summary of treatment issues, progress, current functioning
- ☒ Other: please specify All records from December 1, 2024, present

This consent may be needed at any time by the patient/client, but ending the consent will not cancel any actions that have already taken as allowed by this form. Unless the client wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or condition indicated below.

Date: _____ Event/Consent: _____

It is understood that the duration of this consent will not be longer than necessary and reasonable to carry out the purpose for which it is given.

Devonna Gray
Patient Name or Authorized Representative (Please Print)
6645
Last 4 of Patient's Social Security #

Devonna Gray
Patient's Signature or Authorized Representative
Chadha Mangetto
Witness Signature (REQUIRED)

12/11/24
Date
12/11/24
Date