

\* \* \* Communication Result Report ( Jul. 28. 2023 1:03PM ) \* \* \*

1) AUM Warhawk Health Svcs.  
2)

Date/Time: Jul. 28. 2023 1:00PM

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| 4681 Memory TX   | 92840438    | P. 6  | OK     |                  |

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



AUMN UNIVERSITY  
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Dr. Patrick Budny  
To: Plastic Surgery Assoc of Montgomery From: Doreen  
Fax: 334-284-0438 Pages: 6  
Phone: \_\_\_\_\_ Date: 7/28/23  
Re: Lab Results

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

Comments:

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 (HIPPA) 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: Leanna Michele Woodham Phillips Date of Birth: 3/28/89  
Address: 6513 Gloucester Meadows Phone Number: 334-790-4974  
City: Montgomery State: AL Zip: 36117 Email: mphil119@aum.edu

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: Dr. Patrick Budny Date of Birth: X/ /  
Address: 6727 Taylor Court Phone: 334-284-2800 Fax: 334-284-0438  
City: Montgomery State: AL Zip: 36117 Email: www.PSAom.com

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 Most recent

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.

Leanna Michele Woodham Phillips Michelle Phillips  
Patient Name or Authorized Representative (Please Print) Patient's Signature or Authorized Representative

1849  
Last 4 of Patient's Social Security #

Debra Mynette  
Witness Signature (REQUIRED)

7-28-23  
Date  
7-28-23  
Date