

East Alabama Health

PRIMARY MEDICINE
ASSOCIATES

Phone: 334-821-2708 * Fax: 334-528-5420 * pma@eamc.org

AUTHORIZATION TO DISCLOSE / RELEASE OR OBTAIN MEDICAL RECORDS

All disclosures are in compliance with federal and state laws, including the Health Insurance Portability and Accountability Act of 1995 (HIPAA), governing the use and disclosure of Protected Health Information (PHI)

I hereby authorize Primary Medicine Associates to _____ Disclose/ Release to ☒ Obtain From _____

Lindsey Barton, AUM Warhawk Health 334-244-3281 334-244-1331
Name of Person or Organization Telephone Fax

7400 East Drive Montgomery AL 36117
Address City State Zip

INFORMATION REQUESTED: I hereby agree to this authorization and understand that it must contain personally Identifiable Information and PHI as defined by HIPAA to ensure accuracy. I understand I have the right to limit the type of information released and to revoke this authorization by submitting a notice, in writing, to the Privacy Officer. Unless revoked, this authorization will expire three months for date of signature or on the following date: _____

If I choose to limit the information released, I understand Primary Medicine Associates (PMA) may inform the requestor that portions of the record have been withheld. I understand the information disclosed may be subject to re-disclosure by the recipient and no longer be protected by PMA. PMA and its staff are hereby released from any legal responsibility or liability for disclosure of the below information to the extent indicated and authorized.

____ PARTIAL medical records; please specify parts and dates to be released: _____
☒ ALL medical records without exception. Please include: most current labs, most current imaging (mammogram, CT, ultrasound, MRI), most current colonoscopy, most current specialist notes, last 2 office notes, and immunization record.

For the purpose of: update primary care provider

I authorize the release of my medical records as indicated above.

Cynthia S Baker 3-11-25
Signature of patient or legal guardian Date

Cynthia S. Baker 1-4-32
Printed Name Date of Birth

1120 Felton Lane Auburn, AL 36830
Address City, State Zip

256-880-2537 420-96-1409 ✓
Telephone Number Social Security Number

Witness Date

Note to recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal and State Laws (including HIPPA) and prohibits you from further disclosure without written consent of the person to whom it pertains. Charges may apply for copies of medical records.

☒ Faxed _____ Copies Left for pt _____ Mailed _____ Date _____

These are done at
outside facilities &
not our record to
release.
wrong
date of birth