



Medical Records Authorization

Patient's Name	Date of Birth
Address	Social Security Number
City, State & Zip Code	Contact Number

Provider Requesting Records: _____

Please fax/mail to the following location: _____

Request to/from Provider:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Christina Cooper, APRN <input type="radio"/> Haley Tyler, APRN <input type="radio"/> Dr. Brooke Miller <input type="radio"/> Dr. Juan Cazano <input type="radio"/> Dr. Calixto Cazano <input type="radio"/> Dr. Rebecca Phillips <input type="radio"/> Dr. John Coates <input type="radio"/> Lauren Crews, APRN <input type="radio"/> Diana Muckler, APRN <input type="radio"/> Brandon Thorton, APRN <input type="radio"/> Dr. Stacy Gibson <input type="radio"/> Sandra Green, APRN <input type="radio"/> Stephanie Young, APRN | <ul style="list-style-type: none"> <input type="radio"/> Dr. Darrell Hutchison <input type="radio"/> Dr. Ricky McGath <input type="radio"/> Dr. Brandon Murphy <input type="radio"/> Garrett Shepard, LCSW <input type="radio"/> Kara Simmons, PA <input type="radio"/> Dr. Clinton Smith <input type="radio"/> Mary Wright, APRN <input type="radio"/> Jennifer Young, APRN <input type="radio"/> Charrae Burdin, APRN <input type="radio"/> Sonya Goode, LCSW <input type="radio"/> Patty Bilbrey, APRN <input type="radio"/> Dr. Carrie Hunter | <ul style="list-style-type: none"> <input type="radio"/> Michael Gossett, APRN <input type="radio"/> Dr. Justin Yancey <input type="radio"/> Amanda Billingsley, APRN <input type="radio"/> Tracey Frier, LCSW <input type="radio"/> Jessica Martin, LCSW <input type="radio"/> Dr. Navin Mangroo <input type="radio"/> Leah Privett, APRN <input type="radio"/> Jessica Reagan, APRN <input type="radio"/> Casey Duncan, APRN <input type="radio"/> Amy Hodges, APRN <input type="radio"/> Kim Slusser, APRN <input type="radio"/> Heather Phillips, LCSW <input type="radio"/> Other: _____ |
|---|---|--|

Request to/from Location:

- Corning - 1300 Creason Road - Corning, AR 72422 Ph. 870.857.3399 Fax. 870.857.3301
- Highland - 2178 Hwy 62/412 - Highland, AR 72542 Ph. 870.994.2202 Fax. 870-994-2328
- Paragould - 1 Medical Drive - Paragould, AR 72450 Ph. 870.236.2000 Fax. 870.236.5861
- Pocahontas - 1016 McQuay Avenue - Pocahontas, AR 72455 Ph. 870.892.9949 Fax. 870.892.0208
- Salem - 172 Hwy 62 East - Salem, AR 72576 Ph. 870.895.2735 Fax. 870-895-2709
- Walnut Ridge - 201 Colonial Drive - Walnut Ridge, AR 72476 Ph. 870.886.5507 Fax. 870.886.5632



Medical Records Authorization- Page 2

By signing this authorization, I authorize 1st Choice Healthcare to **obtain OR release** (circle one) the specified medical records to the indicated location.

From To:

Point of Contact Name/Doctor Name: _____

Facility: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax: _____

This authorization permit 1st Choice Healthcare to obtain, use, or disclose the following individually identifiable health information about me:

- Office Notes Dated: _____ through _____
- Only items listed here: _____
- All office notes in my chart, including test(s) and consult(s) as of the date of this authorization.

Reason for Request:

- Treatment Insurance Personal Use
- This authorization expires in: 90 Days 120 Days 1 year Other Date: _____

This practice ___ will ___ will not receive payment or other compensation from a third party in exchange for using or disclosing the PHI.

I do not have to sign this authorization in order to receive treatment from this practice. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer of this practice.

Signature of patient/Legal Guardian

Relationship

Print name

Date