

Hickory Office
1321 North Center Street
Hickory, NC 28601
Phone: 828-322-3898
Fax: 828-322-5485



www.foothillsinternalmed.com

Hudson Office
286 Pine Mountain Road
Hudson, NC 28638
Phone: 828-728-1998
Fax: 828-728-1996

MEDICAL RECORDS RELEASE

I _____, request my medical records including current and previous records, which are part of my medical background be released to Foothills Internal Medicine.

Persons Authorized to Disclose Information
(WHERE RECORDS ARE COMING FROM)

Provider's name: _____
Facility: _____
Address: _____
Telephone: _____ Fax: _____

Patient Authorizing Release

Patients Name: _____
_____/_____/_____
DATE OF BIRTH (M/D/Y) SOCIAL SECURITY NUMBER _____
Other Names Used In The Past: _____

This authorization is effective for one year unless revoked or terminated by the patient.

PATIENT SIGNATURE

_____/_____/_____
TODAY'S DATE