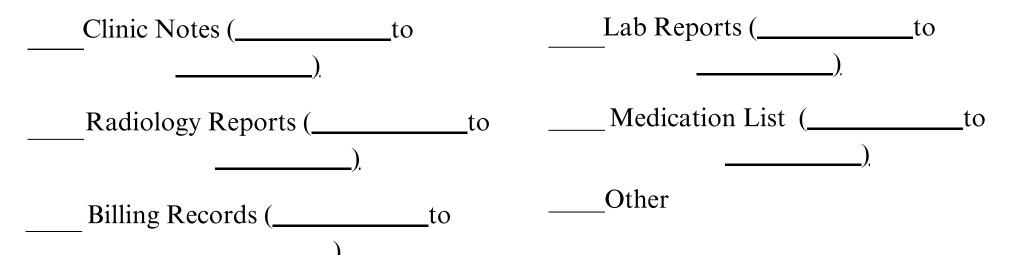
	CRD
Clinic for 1	Rheumatic Diseases
4280 Water	rmelon Rd, Suite 112
North	nport, AL 35473
	/ (888) 750-3050 PHONE
	750-0855 FAX
AUTHORIZATION FOR USE OR D	<b>DISCLOSURE OF PATIENT INFORMATION</b>
Patient Name	Patient's DOB
Patient Address	Patient's Phone #
City, State, Zip	-
City, State, Zip ersons/Facility providing medical reco	ords Persons/Facility receiving medical records
	ords Persons/Facility receiving medical records Clinic for Rheumatic Diseases
ersons/Facility providing medical reco	· C
ersons/Facility providing medical reco Name:	Clinic for Rheumatic Diseases 4280 Watermelon Rd, Suite 112
ersons/Facility providing medical reco Name: Address:	Clinic for Rheumatic Diseases
ersons/Facility providing medical reco Name: Address:	Clinic for Rheumatic Diseases 4280 Watermelon Rd, Suite 112
ersons/Facility providing medical reco Name: Address: City, State, Zip	Clinic for Rheumatic Diseases 4280 Watermelon Rd, Suite 112

The type of information to be used or disclosed is as follows, please provide dates of service:



If Other, Please specify:

Purpose of Use or Disclosure

\_Personal records

Sharing with other healthcare providers

Other (please describe)

1. I understand that the information in my health record may include information related to drug and/or alcohol abuse/treatment, behavioral or mental health services, or records pertaining to sexually transmitted diseases, if they are part of my record.

2. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing, and that it will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Signature of Patient or Legal Representative	Date	
If signed by Legal Representative, Relationship to Patient	Date	
Signature of Witness		

This authorization will expire 12 months from the date of signature