

**Long Point Urgent
& Family Care**
ROPER ST. FRANCIS PHYSICIANS
Valerie Scott, M.D.
Ted Dunn, M.D.

Phone: 843-856-6970 Fax: 843-388-1918

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, _____, Date of Birth ____/____/____, hereby authorize Long Point Urgent & Family Care to obtain all requested medical records below:

- Entire medical records and/or films
- The following specific portions of the medical record: _____
_____ for the period of _____

Please release this information to:

Long Point Urgent & Family Care
570 Long Point Road
Suite 150
Mt. Pleasant, SC 29464
Phone: (843) 856-6970 Fax: (843) 388-1918

“I understand that I may revoke this release at any time, but the request shall remain valid until revoked or upon the **expiration of 1 year (365 days)** whichever occurs first, except to the extent that action has been taken thereon. I also understand that, unless I specify otherwise, this release form may authorize release of information related to physical illness, mental illness, and communicable diseases, including but not limited to HIV, AIDs, and/or AIDs-related information. I also understand that faxed and/or photocopies of this release are permissible.”

Signature of Patient or Legal Representative

Relationship (if other than patient)

Date