



Doctors Med Care

Urgent Care and Family Medical Center

Please select the desired location.

GADSDEN
3206 W. Meighan Blvd.
Gadsden, AL 35904
P: 256-547-2153
F: 256-547-2179

EAST GADSDEN
2108 Rainbow Dr.
Gadsden, AL 35904
P: 256-547-0160
F: 256-547-0255

JACKSONVILLE
1505 Pelham Road South
Jacksonville, AL 36265
P: 256-435-7300
F: 256-435-7305

FORT PAYNE
1040 Glenn Blvd SW
Fort Payne, AL 35967
P: 256-845-6900
F: 256-845-6911

ALBERTVILLE
PO BOX 1397
Albertville, AL 35950
P: 256-891-1460
F: 256-891-2640

MEDICAL RECORDS REQUEST/RELEASE

Before Doctors Med Care of Gadsden can complete your request for protected health information, we must verify your identity, the information you would like to use or disclose, and your purpose(s) in requesting this information. You understand that if you request protected health information from a patient without his or her authorization, we will refuse to provide you any access to this information.

Date: _____ Time: _____

Patient Name: _____ DOB: _____

I am requesting the following information:

_____ All Medical Records	_____ Lab reports
_____ X-Rays	_____ Specific D.O.S.
_____ Charge/Payment information	_____ Other (_____)

The purpose of obtaining this information is (check all that apply):

_____ Treatment of the patient
 _____ Payment
 _____ Other

Explain: _____

Facility sending information

Facility receiving information

This authorization will expire 6 months from the signature/date. This request may be revoked only by written notification by the patient.

 Patient/Authorized Signature

 Relationship

 Date