Medical Record Release

Life Center Family Medicine

Dr. Dana Simpson, MD
1605 Central Ave, Suite 6 #183 Summerville, SC 29483
Phone: 843-261-2600

Patient Information

Name:		Date of Birth:	
Other Names Used:		Social Security Number:	

I request and authorize Life Center Family Medicine LLC (LCFM) to send healthcare information of the patient named above:

ORGANIZATION:_____

CONTACT: _____

This request and authorization applies to:

☑ All healthcare information (This may include records from other healthcare providers, patient history forms, insurance information, correspondence, etc. It is not strictly limited to records generated by LCFM).

☐ Healthcare information relating to the following treatment, condition, or dates: _____
_____

☐ Other: _____
_____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

◉ Yes
○ No — I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive to the organization above.

◉ Yes
○ No — I authorize the release of any records regarding drug, alcohol, or mental health treatment to the organization above.

Patient Signature: _____ Date Signed: _____

Parent/Guardian Signature: _____ Date Signed: _____

Parent/Guardian Name Printed: _____ Relationship to Patient: _____