

**GRAYSON & ASSOCIATES, P.C.**  
**RELEASE OF INFORMATION**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Grayson & Associates, P.C. to release to:

\_\_\_\_\_ Agency or Individual

\_\_\_\_\_ phone number

We will mail your records to the address completed below.

The above named patient's Protected Health Information:

\_\_\_\_\_ all medical records

\_\_\_\_\_ all financial records

\_\_\_\_\_ the following records \_\_\_\_\_

I understand that the records described above may contain information relating to sexually transmitted disease, HIV/AIDS, notifiable diseases, alcohol and drug abuse treatment and/or mental health, and I specifically authorize the release of this information.

Patient or Personal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient if signed by Personal Representative: \_\_\_\_\_

The Protected Health Information described above is to be released for the following purposes:

\_\_\_\_\_  
(Life Insurance, Disability, at request of patient or parent, etc.)

\*I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.\*

I understand that Grayson & Associates, P.C. cannot condition treatment, payment, enrollment or eligibility of benefits on the signing of this authorization. I understand that I may revoke this authorization by sending written notice to Grayson & Associates, P.C. at the address checked off below. However, I understand that any revocation will not be effective as to any action taken in reliance of the authorization prior to receipt of the written revocation.

This authorization will expire on the following: (Please circle one) Date \_\_\_\_\_ One time only  
(No longer than one year from date signed)

Patient or Personal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient if signed by Personal Representative: \_\_\_\_\_

Please check off the appropriate Grayson & Associates, P.C. Office Location Below:

_____ Homewood Location	_____ Riverchase Location	_____ Trussville Location	_____ Meadowbrook Location	_____ Park Plaza
2200 Lakeshore Drive	100 Concourse Parkway	3504 Vann Road	1200 Corporate Drive	2204 Lakeshore Drive
Suite #150	Suite #101	Suite #100	Suite #125	Suite #440
Birmingham, AL 35209	Birmingham, AL 35244	Birmingham, AL 35235	Birmingham, AL 35242	Birmingham, AL 35209
Phone (205) 871-6926	Phone (205) 444-0420	Phone (205) 655-0585	Phone (205) 329-7992	Phone (205) 874-7844