

**HAPPI Health**  
**813 Franklin Street**  
**Huntsville, AL 35805**  
**P) (256) 519-3650 F) (256)-585-6713**



## **Consent for Release of Medical Records**

**\*\*You may encounter fees for release of medical records\*\***

For: Name-  
DOB-  
Address-

Records to be Released From:  
Practice: HAPPI Health/Dr. Andrews/Dr. Diaz  
Address: 813 Franklin Street Huntsville, AL 35805  
Phone: 256-519-3650

Send All Of My Records To:  
Practice/Physician Name: \_\_\_\_\_  
Practice/Physician Address: \_\_\_\_\_  
Practice/Physician Phone/Fax: \_\_\_\_\_

I hereby authorize the use of disclosure of my individually identifiable health information as described above. I understand that this authorization is voluntary. I understand that this authorization also applies to records about me containing information about HIV, AIDS, venereal disease, or mental disorders. In accordance with federal regulation 42 CFR part 2; I also understand that the release of any and all alcohol and/or drug abuse treatment that such information cannot be released without my specific authorization. I understand that if the organization authorized to receive the information is not a health plan or health care provider covered by federal privacy regulation, the release of information may no longer be protected by federal privacy regulations.

If you are the patient's representative, please print name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date