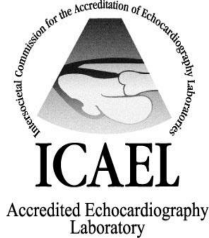
William M. Hudson, M. D., F.A.C.C., P.C.

Cardiovascular Medicine

1400 Northside Forsyth Drive
Suite 290
Cumming, Georgia 30041



PATIENT REQUEST FOR CONFIDENTIAL MEDICAL RECORDS

Please be advised that effective May 1st, 2011, the policy for medical record requests from the office of Dr. William M. Hudson is as follows:

1) **Any records sent directly to another provider at the patients request via fax or mail are FREE OF CHARGE**

2) **Any records requested by a patient to be sent directly to the patient via fax, mail or pickup are $ 20. Pre-payment must be made prior to the release of records to the patient. Make checks or money order payable to: William M. Hudson, MD, PC. *Do not send cash.***

3) **WRITTEN AUTHORIZATION FROM THE PATIENT OR GUARDIAN MUST ACOMPANY PAYMENT. PLEASE SEE BACK OF THIS FORM TO COMPLETE WRITTEN RELEASE.**

MAIL WRITTEN RELEASE AND PAYMENT OF $20 VIA CHECK OR MONEY ORDER TO;
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Suite 290
Cumming, GA 30041

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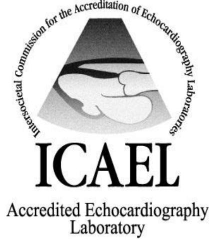

PATIENT REQUEST/AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

PATIENT NAME:____ **DOB:**______________________

PERSON REQUESTING RECORDS (If different than patient):_____________________________________
Relationship to patient:____
*** persons requesting records on behalf of a patient must be listed in our records as authorized to receive/request the patient's medical records.*

PATIENT SS#____

CONTACT PHONE NUMBER:____

SEND RECORDS TO: ____

____

____

____

____ ____________________
Patient signature **date**

____ _____________________
Signature of Authorized Person (if not patient) **date**

SEND THIS SIGNED FORM <u>ALONG WITH PAYMENT</u> (***SEE FRONT PAGE*****) TO :**

William M. Hudson, MD, PC
1400 Northside Forsyth Dr
Suite 290
Cumming, GA 30041

Telephone: 770.887.0472 *Facsimile: 770.887.1140*