Dion L. Franga, MD, FACS, RPVI
Sandra Chaplin, ACNP & Cortney Herndon NP-C
3045 Saint Matthews Road
Orangeburg, SC 29118
Phone 803-747-7242 **Fax** 803-747-7243

Authorization to RELEASE or OBTAIN Your Medical Information

Patient Name:_____ **Birth Date:**_____

Address, city, state, and zip code:

_____

Phone number: _____

Request my protected health information:

- ☐ From the following facility/physician be released to South Carolina Surgical, PA
- ☐ From South Carolina Surgical, PA be released to:
  Name, address, city, state, zip code:

  _____

  _____

  _____

RELEASED INFORMATION REQUESTED:

- ☐ Any/all medical records
- ☐ Surgical procedures
- ☐ Labs, EKG and diagnostic tests
- ☐ Admission and Discharge records .
- ☐ Specific records related to the following:_____

- The above information is strictly confidential and will be used in my best interest.
- I have the right to revoke this authorization in writing at any time.
- I have a right to inspect and/or receive a copy of the authorization and/or information that has been released. Records released directly to the patient there may be a charge.
- I understand this authorization will automatically expire in one year.

Patient or legal representative:

Print name: _____

Signature: _____ Date: _____

Relationship to Patient: _____

Witness: _____ Date: _____