

Alexander City Clinic
1962 Cherokee Road
Alexander City, AL 35010

Kellyton Clinic
21 Coosa County Road 50
Kellyton, AL 35089



Appointments
256-234-5021

Fax
256-234-5640

www.paacmd.com

Patient Record Disclosure

I hereby authorize Pediatric Associates of Alexander City to receive child's confidential health information in the following manner:
(select one)

() Mail () Fax () Hand Carrying () Verbal () Other: _____

From: _____

Phone: _____ Fax: _____

for the purpose of: () Changing Physicians () Treatment () Other _____

Patient's Name: _____ Date of Birth: _____

Address: _____

Phone#: _____ Alt. #: _____

My authorization is for the use and disclosure of the following records:

() complete medical records () mental health records () Other _____

My authorization is given freely with the understanding that:

- I may refuse to sign this authorization.
- I may revoke this authorization at any time, except where information has already been released in reliance on my authorization, provided that my revocation is in writing.
- This authorization is valid for a 60-day period from the date it is signed or sooner if so specified by me, as indicated below.
- A photocopy or fax of this authorization is a valid as the original.

This authorization will expire on: _____

Patient's Signature if age 18 years or older Date

Signature of Parent or Legal Guardian Date

Name of Parent or Personal Representative (Please Print) Relationship to Patient

Witness (non-family member)