



Open Door Clinic of  
Alamance County

### Release of Medical Information

Patient Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_  
SS# \_\_\_\_\_

**Date(s) of Treatment Requested:** \_\_\_\_\_

Information Requested:  x-ray films and reports  outpatient records  
 operative reports  discharge summaries  
 lab reports  other \_\_\_\_\_  
 EKGs  all records

**I hereby authorize** \_\_\_\_\_  
(physician or facility)

at \_\_\_\_\_  
(address and/or fax #)

to release my medical records to: **Open Door Clinic of Alamance County**  
**319 N. Graham Hopedale Rd, Suite E.**  
**Burlington, North Carolina 27217**  
**336-570-9800**  
**336-570-3376 (fax)**  
[alaodc@bellsouth.net](mailto:alaodc@bellsouth.net)

I acknowledge that the information to be released may include material that is protected by law. By signing below, I authorize the release of the following type(s) of information:

Drug/Alcohol Abuse  HIV Status  Mental Health

I understand that I may revoke this consent at any time except to the extent that action has already been taken and it will automatically expire ninety (90) days from the date below.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**