Bray
Family
Medicine

303 Professional Park Drive
Arkadelphia, AR 71923
T: (870) 464 – 1515 F: (870) 464 - 1514

RELEASE OF HEALTH INFORMATION

Patient Name: _____ Email: _____

Date of Birth: _____ Last 4 Digits of SSN: _____ Phone: _____

Address: _____

REQUEST RECORDS FROM:

Provider/Medical Facility: _____

Address: _____ Phone: _____

City: _____State: _____ Zip: _____ Fax: _____

I, _____ hereby authorize the Provider/Medical Facility listed above to share information contained within my health record with Bray Family Medicine for treatment purposes. I understand the record may include information relating to mental healthcare, communicable diseases, and treatment of alcohol or drug abuse.

SEND RECORDS TO:

Bray Family Medicine
303 Professional Park Drive
Arkadelphia, AR 71923

Direct address: *shelly.bray.1@10828.direct.athenahealth.com*
Phone: (870) 464 – 1515
Fax: (870) 464 – 1514

_____ _____
Signature of Patient or Legal Representative Date

_____ _____
Printed Name Relationship, if not the patient