

Parkway Medical Group
333 Gashes Creek Road
Asheville, NC 28803
Office (828) 298-0333
Fax (828) 298-0050



Robert A. Barker, MD
Shelli E. Cannon, MD
Daniel S. Hey, MD
M. Wes Hite, DO
Sissel K. Topple, MD
John C. Wander, MD
Melissa K. Zepp, MD
John S. Rouchard, PA-C
Donald E. Wilkinson, PA-C

Authorization to Release Medical Records

Patient's Name _____

Patient's Address _____

Patient's Daytime Telephone Number _____

Patient's DOB _____ Patient's Social Security Number _____

Obtain From Send To

Parkway Medical Group
333 Gashes Creek Road
Asheville, NC 28803

Obtain From Send To

Name/Office: _____
Address: _____

Fax Number: _____

Requested Records:

- SEND ALL MY RECORDS
- SEND ONLY RECORDS REQUESTED _____

Reason For Request:

- Transfer of Care
- Referral Appointment
- Insurance Request
- Workman's Compensation
- Other: _____

- Method Of Request:** I would like to pick up my records, please call _____
 I would like my records mailed (please indicate address above).

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Expiration Date:** _____

I do hereby consent and authorize you to release copies of my medical records, including current and previous medical records. **This authorization includes consent for release of alcohol, drug, psychiatric, pregnancy, sexually transmitted diseases, HIV testing, AIDS, cancer, cancer testing. I agree that a copy of this authorization or a fax of this authorization shall be as valid as the original.**

Federal and state law permits a fee to be charged for the copying of a patient's records. A patient can request one set of records with no fee. **The charge is \$0.75 (1-25 pgs.), \$0.50 (26-100 pgs.), and \$0.25 (101+ pgs.). There is a minimum \$10.00 copying charge.**