Rheumatology Associates, P.C.
2145 Highland Avenue South, Suite 200
Birmingham, AL 35205
Phone: (205) 933-0320 Fax: (205) 933-6400
W. Alan Paul, M.D.
P. Anthony Saway, M.D.
Thomas B. Traylor, M.D.
Joel D. Abbott, M.D.
Anthony M. Turkiewicz, M.D.
Henry B. Townsend, M.D.

Release of Confidential Patient Information Consent

This will authorize: Rheumatology Associates, P.C.
Name of Facility or Doctor Releasing Information
2145 Highland Ave. South, Suite 200
Birmingham, AL 35205
Address
(205) 933-0320 (205) 933-6400
Phone No. *Fax No.*

To Release:
( ) Complete Medical Record
( ) Other: _____

To: _____
Name of Facility or Doctor Receiving Information
_____
_____
Address
( ) _____ ( ) _____
Phone No. *Fax No.*

Purpose of Release:
( ) Disability Determination
( ) Continuing Care by another Facility or Doctor
( ) Insurance Claim
( ) Other: _____

I understand that I may revoke this consent in writing at any time, except to reverse action already taken. This consent will expire in 45 days from the date signed. The information on this page and all pages following are confidential and are only to be used by the person they are directed to for the purpose stated on this consent form. These records may be protected by Federal Regulation (42 CFR, Part 2).

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____