COMMUNITY FAMILY CLINIC, PLLC

784 HIGHWAY 36
FRENCHBURG, KENTUCKY 40322
PHONE: 606.768.9190
FAX: 606.768.9180

125 FOXGLOVE DRIVE, SUITE D
MT. STERLING, KENTUCKY 40353
PHONE: 859.498.3333
FAX: 859.498.3332

17 MILLER DRIVE
OWINGSVILLE, KENTUCKY 40360
PHONE: 606.674.3033
FAX: 606.674.3036

RELEASE OF MEDICAL RECORDS TO SELF

In order to release any of your records or results from our facility, we are required by law to have your written permission to do so. This help to protect your privacy. While maintaining your privacy, we always want to make it easy for you to get access to your own health records.

This form will allow us to release any of your records to YOU, when you request them.

Name _____ □ Self □ Minor

DOB _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

- *I authorize Community Family Clinic, PLLC to release any of my records to myself.*
- *I understand that this is an ongoing authorization.*
- *I understand that my records or results will only be sent to me if I request them.*
- *I understand that this does NOT give permission to release my records to anyone else besides myself (including other providers). In order to send your records to someone other than myself you will need to fill out a separate release for.*

Signature _____ Date_____

Please fill out below if requesting records on a minor:

Name _____ Relationship _____

Signature _____ Date _____