

Todd A. Mangum, M.D., PC
34 South 500 East, Suite 103, Salt Lake City, Utah 84102
THEPEOPLE@WEBOFLIFEWC.COM, WEBOFLIFEWC.COM
801.531.8340, f 801.531.8350



MEDICAL RECORD RELEASE FORM

Records Requested By:

Name of patient: _____ Phone: _____
Address: _____ DOB: _____
_____ SSN: _____

Records Requested From:

Name: _____ Phone: _____
Address: _____ Fax: _____

Specific Record Information Requested:

Records to be released to:

Name: _____ Phone: _____
Address: _____ Fax: _____

Patient (or Representative) Signature

Printed Name of Patient (or Representative)

Witness Signature

Date

Specific Authorization for AIDS/HIV Information, Drug/Alcohol Information, Mental Health Information: I acknowledge that data to be released may include material that is protected by the Federal Regulation 42 CER, Part 2, and that it is applicable to any of the above. My signature below authorizes the release of all information.

Patient (or Representative) Signature

Date

Confidentiality Notice: The information in this facsimile is confidential and may be protected by one or more legal privileges. It is intended solely for the use of the recipient identified above. If you are not the intended recipient, you are hereby notified that reading, copying, or distributing this transmission is strictly prohibited. The sender has not waived any applicable privileges by sending this transmission. Please notify the sender if you have received this fax in error. Thank you.