SCENT
ALLERGY & SLEEP MEDICINE

Lugoff
15 Exchange Drive
Lugoff, SC 29078-9198

Sumter
410 W. Wesmark Boulevard
Sumter, SC 29150-1996

Columbia – Northeast
110 Highland Center Drive
Columbia, SC 29203-9247

Orangeburg
2221 St. Matthews Road
Orangeburg, SC 29118-2040

Chester
1 Medical Park Drive
Building 3 suite B
Chester, SC 29706-9769

Columbia – Downtown
145 Park Central Drive
Suite 100
Columbia, SC 29203-6848

Irno
690 Columbiana Drive
Suite B
Columbia, SC 29212-1656

Winnsboro
880 W. Moultrie Street
Suite 1
Winnsboro, SC 29180-2411

Lexington
1223 South Lake Drive
Suite G
Lexington, SC 29073-7746

Medical Records Request/Release Form

Patient Information:

Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

I, hereby authorize the release of my medical records from SCENT Allergy & Sleep Medicine to the following recipient:

Recipient Information:

Name of Recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Purpose of Release:

☐ Continuity of Care

☐ Personal Records

☐ Legal/Insurance Purposes

☐ Other (please specify): _____

Records to be Released (check all that apply):

☐ Medical History

☐ Consultation Notes

☐ Test Results

☐ Imaging Reports

☐ Medication Records

☐ Immunization Records

☐ Other (please specify):_____

Authorization Period:

This authorization shall remain valid until , unless revoked earlier by written notice.

I understand that:

1. The information disclosed pursuant to this authorization may include information relating to the treatment of alcohol or drug abuse, mental health conditions, and HIV/AIDS, which may be protected by state or federal law.

2. I have the right to revoke this authorization at any time, except to the extent that action has already been taken in reliance on it.

3. The recipient of the disclosed information may redisclose it, and in such cases, it may no longer be protected by federal or state privacy regulations.

Patient Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____