

Mountain State Primary Care

Mountain State Medical Specialties, Inc.

120 Medical Park Drive
Suite 300
Bridgeport, WV 26330

Casey Fryer, DO

Elise Mossallati, APRN

Haeley Harman, DO

Frances Murray, MD

Erin Hawkins, APRN

Kelly R. Nelson, MD

Phone: (304)624-7200 Ext 2006

James Malone, DO

Fax: (304)423-5208

Release of Records

Please release a copy of the following:

() Office / Treatment Notes

() Out-patient labs/X-Ray /Pathology Reports

() Other: _____

Date Range:

From: _____ To: _____

Request Purpose:

() Medical () Insurance () Personal

() Legal () Other _____

Patient: _____

Date of Birth: _____ Social Security #: _____

Phone #: _____

Address: _____

HIV-BEHAVIORAL HEALTH-DRUG ALCOHOL-PREGNANCY information contained within the records indicated of this form will be released through this authorization unless otherwise indicated below:

DO NOT RELEASE

___HIV

___Sexually Transmitted Disease

___Pregnancy Test

___Behavioral Health/Psychiatric

___Substance Abuse

___Other _____

Records Sent From:

Ph#: _____

Fax#: _____

Records Sent To:

Ph#: _____

Fax: _____

Signature of Patient / Patient Representative

Date

Witness

Date

Attention: By signing below you are giving consent for the release of your medical records. These records may be sent by ground transport or electronically via computer or fax machine. If they are received by another party in error you absolve Mountain State Primary Care of any and all liability relating to such transmission of your records. This consent is valid for six months from the date your signature. You may revoke this consent by submitting such request in writing prior to the date your records are released. If you have any questions please ask any member of our staff. Thank you.