

SENIOR HEALTH ASSOCIATES

335 Pleasant Point Drive
Beaufort, SC 29907
803-699-9073
843-757-1173

Fax Completed Forms or Medical Records to:
803.764.2361

PROVIDERS:

Please provide SHA with any and all medical records for the **preceding 12 months** for the patient listed left, unless other time period is specified here:

Patient Name

Date of Birth

Social Security Number

Name of Previous Medical Provider or Company

I hereby authorize the above named medical provider or company to disclose my complete medical records to Senior Health Associates. I understand that this authorization may be revoked at any time in writing by sending notification to Senior Health Associates at the address above. I understand that a revocation is not effective to the extent that Senior Health Associates has relied on the use of disclosure of the protected health information.

Signature of Patient or Legal Power of Attorney

Date of Authorization

**PLEASE FAX RECORDS TO:
803-764-2361**