

Susan C. Briley, MD

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Please print

_____ Patient Name	_____ Other Last Names	
_____ Date of birth	_____ Phone Number	_____ Email Address
_____ Street Address	_____ City, State, Zip code	

Transfer of care is required due to the closing of my physician's office. Therefore, I hereby authorize **Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103**, on behalf of **Dr. Briley, 2004 Hayes St, Ste 550, Nashville, TN 37203**, to execute one of the following;

Please select one of the following delivery options:

Secure HIPAA approved electronic transfer to patient.

List your email address here

Pick up disc, in person, at Morgan Records, 159 Frontage Road, Manchester, NH 03103.
Available office hours are Monday – Friday 9am-5pm. A 48-hour notice for pick up is required.

Disc mailed to home or physician. There will be a **\$10 shipping charge prior to mailing**. We mail USPS Certified Return Receipt. List address here:

I, _____, am the patient or legal guardian who has authorization to release the above records. Any facsimile, copy, or photocopy of this release will be valid for 90 days and shall authorize you to forward my medical records. This form gives you permission to share my private information obtained from this facility. Only records from this facility can be legally released. Any records from other physicians must be obtained from them directly.

Please note; a \$25 records management fee is requested to process & deliver your medical records.

Payment Options:

- **CREDIT CARD** – visit our website at MorganRecordsManagement.com to pay online
- **CHECK** - please mail your completed authorization form with an attached check or money order made payable to Morgan Records Management LLC, to 159 Frontage Rd, Manchester, NH 03103.

_____ Patient or Legal Guardian Signature	_____ Date
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Your completed authorization form may be faxed to 603-509-3987, emailed to Medical@MorganRM.com, or mailed to Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103.

