

Authorization for Release of Information <u>FROM</u> UAMS

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Billing Records. For billing records, please contact or 1-800-422-3963.	t UAMS Billing Office (Customer Service at (501) 614	-2160
Purpose of release is at the request of the patient or:	Insurance or Ot	ther Payment	
Medical Care Other (explain):			
Expiration Date or Event: I underst giving written notice to UAMS. A revocation of this au reliance upon the authorization. A photocopy of this sig JAMS, its employees and attending physicians are relea above information to the extent indicated and authoriz understand that once the above information is disclos- the information may no longer be protected by federal agree to pay the copying cost, including other expense copying, postage, or other expense incurred by UAMS t	tand that I may revok uthorization will not a gned authorization sha eased from legal respon zed herein. sed, it may be re-disclo I privacy laws and regu es allowed by law, such to provide the copies r	te this authorization at any time apply to records already relea all constitute a valid authorizat insibility or liability for the rele used by the designated recipien lations. In as the cost of any supplies, la requested.	me by sed in ion. ase of nt and bor of
	Medical CareOther (explain): This authorization will expire 90 days from the date on Expiration Date or Event: I unders giving written notice to UAMS. A revocation of this and eliance upon the authorization. A photocopy of this sign JAMS, its employees and attending physicians are releabove information to the extent indicated and authorize understand that once the above information is disclose the information may no longer be protected by federal agree to pay the copying cost, including other expenses opying, postage, or other expense incurred by UAMS to JAMS will not condition treatment, payment, enrol	Medical Care Other (explain): This authorization will expire 90 days from the date on which it was signed un expiration Date or Event: I understand that I may revoke the signed witten notice to UAMS. A revocation of this authorization will not a eliance upon the authorization. A photocopy of this signed authorization sha JAMS, its employees and attending physicians are released from legal responsore information to the extent indicated and authorized herein. Understand that once the above information is disclosed, it may be re-disclosed herein may no longer be protected by federal privacy laws and regular agree to pay the copying cost, including other expenses allowed by law, such opying, postage, or other expense incurred by UAMS to provide the copies response incured by UAMS to provide the copies response incurred	understand that once the above information is disclosed, it may be re-disclosed by the designated recipier he information may no longer be protected by federal privacy laws and regulations. agree to pay the copying cost, including other expenses allowed by law, such as the cost of any supplies, lal opying, postage, or other expense incurred by UAMS to provide the copies requested. JAMS will not condition treatment, payment, enrollment, or eligibility for benefits on your signing o

If Legal Representative, authority of Legal Representative

(such as parent of minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

Provide a copy to Patient/Legal Representative

UAMS

4301 West Markham, Slot 524, Little Rock, Arkansas 72205 Fax: 501-686-8361 • Email: records@uams.edu



or Legal Representative ____

Med Rec 99FR (04/2023)

Date/Time