

Charleston Internal Medicine, Inc.

Telephone 304-720-2345

Fax 304-720-2347

Authorization to Fax Patient Test Results/Financial Information

I authorize Charleston Internal Medicine, Inc. to **FAX MY TEST RESULTS AND/OR FINANCIAL INFORMATION** at my direction to the following Fax number(s). I understand that I must request this be done each time I want the information. Faxes will not be sent automatically.

Faxed information should be sent to:

Fax # _____ OR Fax # _____

I understand that if I want my test results or financial information faxed to a number other than one listed above, I will have to update my Authorization to Fax Patient Test Results/Financial Information Form PRIOR to that being done. I further understand, and will hold Charleston Internal Medicine, Inc., and its providers and staff, harmless should my information be received and viewed by someone other than myself when the information is faxed. I understand that personal information including, but not limited to, name, address, telephone number, insurance information, insurance policy numbers, social security number, and personal health information may be include in the information that is sent.

Signature of Patient

Date

Patient Name Printed

Date of Birth

**** Please note- This authorization only applies to tests ordered by a Charleston Internal Medicine provider and your financial account with Charleston Internal Medicine. No other provider's test results will be sent. Also, no Prescriptions will be faxed. All Prescriptions must be picked up at Charleston Internal Medicine, Inc.**