

MEDICAL RECORDS RELEASE

I, _____, hereby request a copy of my medical records from the Catawba Valley Medical Center Employee Health Department. I hereby release you, as the custodian of such records, including its employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

FULL NAME PRINTED: _____

SIGNATURE: _____

DATE: _____

WITNESS: _____