



Professional Pathology Services, PC

HIPAA Privacy Division

1701 Saint Julian Place

Columbia, SC 29204

Phone: (803) 252-1913 Fax: (803) 252-2330

AUTHORIZATION BY PHYSICIAN TO RELEASE MEDICAL INFORMATION

I request that Professional Pathology Services, PC send pathology results to me for:

Patient: _____

Date of Service: _____

Accession Number or Type of Specimen:

I acknowledge the above named patient is under my care.

Physician's Signature

Physician's Name

Date

To receive pathology results, please fax completed form to:

Attn: HIPAA Privacy Officer

(803)252-2330