



Professional Pathology Services, PC
HIPAA Privacy Division
One Science Court, Suite 200
Columbia, SC 29203
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 and/or materials to me for:

Patient: _____ **Patient DOB:** _____

Date of Service: _____

Accession Number or Type of Specimen:

Items Requested:

I acknowledge the above named patient is under my care or the request for information and/or materials will be used for the treatment of that patient.

Provider Signature

Provider Name

Date

To receive pathology results, please fax completed form to:
Attn: HIPAA Privacy Officer
(803)252-2330