



HEALTH CARE PARTNERS OF SC, INC.



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Johnsonville, SC 29555
843-386-3573
Fax: 877-322-0181

243 Singleton Ridge Rd.
Conway, SC 29526
843-248-4700
Fax: 877-322-0181

1608 N. Main St.
Conway, SC 29526
843-248-4700
Fax: 877-322-0181

145 Palmetto Pointe Rd.
Marion, SC 29571
843-423-2400
Fax: 877-322-0181

6874 Hwy 908
Gresham, SC 29546
843-352-8772
Fax: 877-322-0181

1606 B Main St.
Conway, SC 29526
843-488-6350
Fax: 877-322-0181

PERMISSION TO RELEASE PROTECTED HEALTH INFORMATION

Print Patient's Full Name:	Patient's Date of Birth:
Patient's Email Address:	Telephone:
Patient's Address:	

I give Health Care Partners of SC permission to discuss protected health information and to release test results to the following person(s):

To include information related to (must circle): Substance Abuse Mental Health HIV/STD Birth Control/Reproductive Health Labs/Genetic Testing

Name:	Telephone:	Relationship:	DOB:
Name:	Telephone:	Relationship:	DOB:
Name:	Telephone:	Relationship:	DOB:

I give Health Care Partners of SC permission to leave protected health information on an answering machine or voicemail.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Telephone Number:
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Would you like to sign up for the patient portal?

☐ Yes

☐ No

The patient portal allows you to get updates relating to your health quicker. You can also submit any questions or concerns directly to your provider or nurse without having to leave a voice message!

By signing this form, I give Health Care Partners of SC permission to send my medical information to the address provided.

Indicate your relationship to the patient:

☐ Patient

☐ Authorized Representative

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

PRINT NAME (if you are not the patient)

DATE