



The Keys of Carolina Facility closed 2/2013 - Medical Records Requests now processed by:  
 UHS-NRO Office - Custodian of Records  
 1000 Health Park Drive, Building 3, Suite 300  
 Brentwood, TN 37027 | P: 615-312-5834 | Fax: 615-997-1200

**UHS Nashville Regional Office  
 Consent & Authorization to Release  
 Medical/Treatment Records**

**The Keys of Carolina - 1715 Sharon Road West- Charlotte, North Carolina 28210- (704) 554-9874- Fax (704)554-9641**

I hereby authorize the UHS Nashville Regional Office to release the following information from the health records of:

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Location: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Yes No (Check all that apply.)

- Medical records, including examinations, laboratory results, treatments
- Psychological test reports, including Intelligence (IQ) test results
- Psychiatric evaluation reports
- Mental health counseling/therapy and treatment report summaries
- Social history data

Other: \_\_\_\_\_  
 \_\_\_\_\_

**INFORMATION TO BE RELEASED TO:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I understand the nature of the consent and this authorization will automatically expire 1 year after it is signed. I understand this consent is subject to revocation, in writing, at any time except if the UHS Nashville Regional Office has already taken action for the disclosure. **If the patient is physically unable to sign, a minor, or legally incompetent, the parent or legally authorized representative must sign below. You must include a copy of your photo ID.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form and copy of photo ID to:**

Universal Health Services  
 Nashville Regional Office - Records Department

**Please include a copy of your government issued photo ID (i.e. a driver's license) for signature verification.**

1000 Health Park Drive, Bldg. 3 Suite 300  
 Brentwood, TN 37027  
 Fax – 615-997-1200  
 Phone: 615-312-5834 Email: nrorecordsrequests@uhsinc.com