

## ISLAND HEALTH CARE MEDICAL RECORDS

All paperwork, documents, records (including computerized records), test results, x-ray films, MRI films, CAT scans, and any other medical related materials which concerns particular patients have been turned over to the Circuit Court Clerk of Mobile County, Alabama, who shall hold said records as custodian. Any person who was a patient of Dr. David Jenkins, M.D. and desires to obtain his or her records shall present government issued photo identification to the Circuit Clerk during business hours and the Clerk shall turn over the original of the records to the patient. Should any former patient of Dr. David Jenkins be unable to come to the Circuit Clerk's office in person to request their medical records, they may request said records by doing one of the following:

- A. Executing the attached Authorization for Release of Medical Information and mailing same to the Circuit Court Clerk's office along with a copy of his/her government issued photo identification card. Upon receipt of this information, the Clerk of the Court will mail the records to the former patient by United States Mail; or
- B. Executing the attached Authorization for Release of Medical Information to allow a third-party to pick up the records at the Circuit Court Clerk's office. Said third-party will be required to provide proper government issued photo identification to the Circuit Court Clerk's before the records will be released.

Authorization forms available at Town Hall or on Town website

[www.townofdauphinisland.org](http://www.townofdauphinisland.org)

**A COMPLETE COPY OF THE ORDER FOR DEFAULT JUDGEMENT IS AVAILABLE AT DAUPHIN ISLAND TOWN HALL**

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION \***

TO:           CIRCUIT COURT CLERK'S OFFICE  
              205 Government Street  
              Ninth Floor  
              Mobile, Alabama 36644

PATIENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PATIENT'S SSN: \_\_\_\_\_

This authorization authorizes **The Clerk of the Circuit Court of Mobile County, Alabama** to release my medical records formerly maintained by Dr. David Jenkins and presently in the custody of the Mobile County Circuit Court Clerk's office to me and/or my third-party designated below:

1. \_\_\_\_ Please mail my records to me at the following address:

\_\_\_\_\_  
\_\_\_\_\_

**I have attached a copy of my government issued photo identification card.**

**OR**

2. Please allow \_\_\_\_\_ (CLEARLY PRINT NAME), my third-party representative, to pick up my records. I understand that my third-party representative will be required to show a government issued photo identification card before my records are released to said third-party.

\_\_\_\_\_  
SIGNATURE  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness