



Dear Patient:

Thank you for contacting **Huntsville Renal Clinic, P.C.** Medical Records Department. To better serve you with your request for medical records, **Huntsville Renal Clinic, P.C.** has partnered with Sharecare.

Sharecare will fulfill your request for records in a safe, secure, and timely manner.

To receive a copy of your records, you will need to complete and return the attached Authorization form. Please make sure you have *specific* instructions included as to **what** records you are requesting and **where** you are requesting records to be sent. You also have a choice of **how** you would like to have your records delivered. For records to be delivered directly to you, please choose the delivery option. ***Please mail/fax/drop-off the completed Authorization form to Huntsville Renal Clinic, P.C.***

**If you choose to fax your request, please fax to (256) 469-6753.** Please include a copy of your Driver's License.

**If you choose to mail request, please send to:**

**Huntsville Renal Clinic, P.C**  
Attention: Medical Records  
810 Franklin St., Suite A  
Huntsville, LA 35801

**For Records being sent to another Health Care Provider**

Please provide as much contact information for your other Doctor, including the address, phone & fax.

You can contact a Sharecare Health Data Services representative at any time by calling:

**858-244-1811**

Thank you,

Medical Records Supervisor  
**Huntsville Renal Clinic, P.C.**

