



Dear Patient:

Thank you for contacting **Habersham Medical Center** Medical Records Department. To better serve you with your request for medical records, **Habersham Medical Center** has partnered with Sharecare Health Data Services.

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

In order 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 they 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 mail or email. For records to be delivered to another doctor, please choose fax or mail. Please select only one option. *The fax delivery option may only be used for records going to a doctor. Please mail/fax/drop-off the completed Authorization form to Habersham Medical Center.*

**If you choose to fax your request, please fax to: 706-839-4085.** Please include a picture ID such as your Driver's License.

**If you choose to mail request, please send to (please include a picture ID such as your Driver's License):**

Habersham Medical Center  
Attention Medical Records  
P.O. Box 37  
Demorest, GA 30535

**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:  
**706-754-3113 ext. 1648.**

Thank you,

Medical Records Supervisor  
**Habersham Medical Center**