

Authorization for Release/Request of Health Information

Patient Name: _____

Date of Birth: ____/____/____

SS#: _____-_____-_____

Patient Mailing Address: _____

Request Records

I hereby request medical records information from:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please send records to: North Carolina Internal Medicine, PC
251 Keisler Drive, Suite 300
Cary, NC 27518
Telephone: (919) 851-1600 Fax: (919) 851-1666

Records to be released:

- All Records
- Medication Record
- Lab Reports
- Radiology Reports
- Most Recent Colonoscopy
- Most Recent Mammogram
- Other: _____

Purpose for disclosure: Changing Physicians Consultation/second opinion Continuing care

Legal Insurance Workers Compensation other: _____

Release Records

I hereby authorize North Carolina Internal Medicine, PC to release my medical information as indicated below to:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Rights of the Patient

I understand that my treatment will not be conditioned on signing this authorization and that I have the right to refuse to sign this authorization. *I understand that information disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.*

I understand that I have the right to revoke this authorization by sending a written notification to the address above and that a revocation is not effective if the information has already been disclosed but will be effective going forward.

I understand that I have the right to inspect or copy the protected health information as described in this document. I can do this by written notification to the originator of subject material.

Signature of Patient / Legal Guardian/ Authorized person

Relationship to patient

Witness

Date

This section is to request your medical records FROM YOUR PREVIOUS PHYSICIAN.

This section is to request your medical records FROM US. If you are a new patient this section does not apply to you at this time.