



CARY HEALTHCARE ASSOCIATES, PA  
 301 ASHVILLE AVENUE, SUITE 111 ◊ CARY, NC 27518  
 919-233-6000 TEL ◊ 919-233-6052 FAX

## Compound Authorization for Release of Information

*Federal Law states that we (Cary Healthcare Associates) cannot share your health information without your permission, except in certain situations.*

*Signing this form gives our office permission to share your health information with the person(s) you have indicated below.*

*The information disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.*

*Payment, enrollment or eligibility benefits of your healthcare will not be affected if you sign this authorization, unless the disclosure is for eligibility or enrollment determinations.*

I, \_\_\_\_\_, give permission to Cary Healthcare Associates, PA to share the following information to the listed individual(s)/health care provider(s) below:  
*(please check all that apply)*

- All of my Healthcare Information (including lab & imaging results, medications, messages, correspondence and personal health information)
- Financial/Billing Information
- HIV/STD testing information
- Psychotherapy notes and information

Name	Relationship to patient	Phone Number (if able)

I am aware I have the right to revoke this authorization at any time if I choose I do not want Cary Healthcare Associates to continue to share my information. I authorize this authorization until I revoke in writing by completing the revocation form. *(You may obtain the revocation form from the office)*

Signature of Patient or Personal Representative: \_\_\_\_\_

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