CARY HEALTHCARE ASSOCIATES, P.A.
301 ASHVILLE AVENUE, SUITE 111, CARY, NC 27518
(919) 233-6000 FAX: (919) 233-6052

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

____ ______________________________
Print Patient's Full Name Birth Date (Month/Day/Year)

____
Street Address

____________________________________ ______________________________
City, State, Zip Code Phone (Daytime)

At the request of the individual, I ________________________________, do hereby authorize

INFORMATION FROM: **CARY HEALTHCARE ASSOCIATES, P.A.**
301 ASHVILLE AVENUE, SUITE 111, CARY, NC 27518
PHONE: (919)233-6000 FAX: (919) 233-6052

TO RELEASE THE FOLLOWING:

______Progress Notes ______Laboratory Reports ______Transferred Records
______Specialist Correspondence ______Radiology Reports
______Hospital Reports ______EKG
______Other

______I do ______ I do not authorize the release of information related to AIDS or HIV, psychiatric and/or psychological assessment, and treatment for alcohol and/or drug abuse.

RELEASE INFORMATION TO:

____
Name of Company/Doctor's Office

____
Street Address City, State, Zip Code

____
Telephone Fax number

PURPOSE OF DISCLOSURE:

______Change of Doctor ______Insurance _______Legal Investigation
______ Referral to specialist ______Personal _______Workers Comp
______Other_________________________

This authorization shall be in force and effect until____________________________ at which time this authorization expires.

I understand I may cancel this request with written notification but it will not affect information released prior to notification of cancellation. I understand the information disclosed may be subjected to re-disclosure by the person or class of persons or facility receiving it would no longer be protected by federal regulations. I understand the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign this authorization.

____ ______________________________
Signature of Individual or Guardian Date

NOTE: A processing fee may be charged. By law, maximum record copy fee is $ 0.75 per page for pages 1-25, $ 0.50 per pages 26-100 and $0.25 per pages over 100.