CARY HEALTHCARE ASSOCIATES, P.A.
222 ASHVILLE AVENUE, SUITE 10, CARY, NC 27518
(919) 233-60000 FAX: (919) 233-6052

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

_____ _____
Print Patient's Full Name Birth Date (Mo/Day/Yr)

_____ _____
Street Address Social Security Number (optional)

_____ _____
City, State, Zip code Phone (Daytime)

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

INFORMATION FROM: **CARY HEALTHCARE ASSOCIATES, P.A.**
222 ASHVILLE AVENUE, SUITE 10
CARY, NC 27518 PHONE: (919) 233-6000 FAX: (919) 233-6052

TO RELEASE THE FOLLOWING:

_____ Progress Notes
_____ Specialist Correspondence
_____ Hospital Reports
_____ Other
_____ Laboratory Reports
_____ Radiology Reports
_____ EKG
_____ Transferred Records

_____ I do _____ I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

RELEASE INFORMATION TO:

_____
NAME OF COMPANY

_____
STREET ADDRESS CITY, STATE, ZIP CODE

_____
TELEPHONE FAX NUMBER

PURPOSE OF DISCLOSURE:

_____ Change of Doctor
_____ Referral to specialist
_____ Other: _____
_____ Insurance
_____ Personal
_____ Legal Investigation
_____ Workers Comp

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

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

_____ _____
Signature of individual or guardian or Personal Representative of patient's estate 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 and $0.25 per page for pages over 100.