

AUTHORIZATION TO RELEASE MEDIAL INFORMATION

Print Patient's Full Name	Birth Date
Street Address	City, State, Zip code
Phone (Daytime)	

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

RELEASE OF INFORMATION FROM:

NAME OF COMPANY	
STREET ADDRESS	CITY, STATE, ZIP CODE
TELEPHONE	FAX NUMBER

TO RELEASE THE FOLOWING:

<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Laboratory Reports	<input type="checkbox"/> Trans. Records
<input type="checkbox"/> Specialist Correspondence	<input type="checkbox"/> Radiology Reports	
<input type="checkbox"/> Hospital Reports	<input type="checkbox"/> EKG	
<input type="checkbox"/> Other		

I do I did NOT authorize release of information related to AIDS or HIV Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

RELEASE INFORMATION TO:

WESTERN WAKE WELLNESS
401 KEISLER DR, SUITE 101
CARY, NC 27518

PURPOSE OF DISCLOSURE:

<input type="checkbox"/> Change of Doctor	<input type="checkbox"/> Insurance	<input type="checkbox"/> Legal Investigation
<input type="checkbox"/> Referral to Specialist	<input type="checkbox"/> Personal	<input type="checkbox"/> Workers Comp
<input type="checkbox"/> Other: _____		

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 that 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 wheather 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 \$0.25 per page for pages over 100.