Charlotte Dermatology
A tradition of care since 1939

COLEMAN E. ALTMAN, DO
HAZEM M. EL-GAMAL, MD
ELIZABETH F. SHERERTZ, MD, MBA
GARY B. SLAUGHTER, JR. MD
MICHAEL A. ASBURY, PA-C
SARA BLACK, PA-C
MELISSA D. BOOTHE, PA-C
RONALD A. RODRIGUEZ, PA-C

www.CharlotteDermatologyPA.com

Authorization to Disclose Health And/Or Billing Information

____ Date of Birth: ______ / ______ / ______

Patient Name

Phone #: ______________________ Cell Phone #: ______________________ Work #: ______________________

I, ______________________________________ give permission to ______________________________________

Name of Patient Name of Facility

to release information to ____

Check information to Release:

_ Complete Medical Records
_ Lab Report (s)
_ Medication Allergies
_ Allergy Test / Treatment
_ Biopsy Report (s)
_ Consultation Reports
_ Surgical Procedures
_ Other ____

For dates of service from ______________________ to ______________________

1- I can cancel this authorization at any time. I must cancel in writing and address it to the person or organization named above. I can't cancel consent for information already shared as a result of this permission.
2- I don't have to sign this form; refusal won't change my ability to get treatment, payment for treatment or benefits.
3- Once information is sent, it may not be protected by law and someone may be able to share my information with others without my permission.
4- I have read, understand and have been given a copy of this form.

Authorization expires 1 year after signature unless a date or event is written here: ______________________

____ ____________________

Patient/Patient Representative Signature Date

Charlotte Office 2630 East 7th Street, Suite 200 | Charlotte, NC 28204
Matthews Office 1238 Mann Dr | Matthews, NC 28105
Rocky River Office 9550 Rocky River Rd, Suite 200 | Charlotte, NC 28215
University Office 8401 Medical Plaza Dr, Suite 260 | Charlotte, NC 28262
Myrtle Beach Office 8208 Devon Court, Suite B | Myrtle Beach, SC 29572
| Main Contact # 704-364-6110 | Main Fax # 704-364-4245 |