

## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Complete Medical Records | <input type="checkbox"/> Biopsy Report (s)    |
| <input type="checkbox"/> Lab Report (s)           | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Medication Allergies     | <input type="checkbox"/> Surgical Procedures  |
| <input type="checkbox"/> Allergy Test / Treatment | <input type="checkbox"/> 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

**Waverly Office** 11840 Southmore Drive, Suite 170, Charlotte, NC 28277 **Cornelius Office** 19485 Old Jetton Road, Suite 201 | Charlotte, NC 28031

**Myrtle Beach Office** 8208 Devon Court, Suite B | Myrtle Beach, SC 29572

| Main Contact # 704-364-6110 | Main Fax # 704-364-4245 |