

North Carolina Heart and Vascular
 2800 Blue Ridge Road, Suite 400 Raleigh,
 North Carolina 27607
 919-787-5380; Fax 919-420-0205

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize:

	North Carolina Heart and Vascular
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 OR Other facility:

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To use or disclose to:

Name of Person or Facility:		
Address, City, State, Zip:		
Phone:	Fax:	Email:

The protected health information of:

Patient Name:	Date of Birth:	Mother's Maiden Name:
Address:	City, State, Zip	
Phone:	Medical Record #	

Dates of Service: _____
 Be as specific as possible

Information to be disclosed (please check (√) information requested):

<input type="checkbox"/> Office Notes	<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> Consultations	<input type="checkbox"/> Laboratory reports	<input type="checkbox"/> All Medical Records
<input type="checkbox"/> Operative / Procedure notes	<input type="checkbox"/> Physician Orders	<input type="checkbox"/> Patient Billing records
<input type="checkbox"/> Pictures	<input type="checkbox"/> Nursing Notes	
Other (describe) _____		

I understand that the information released may include sensitive information related to behavior and/or mental health, drugs and alcohol (including records of a program that provides alcohol or drug abuse diagnosis, treatment, or referral, as defined by federal law at 42 C.F.R. Part 2), HIV/AIDS and other communicable diseases, and genetic testing. This authorization does not include permission to release psychotherapy notes (defined as records from private, joint, group, or family counseling sessions that are separated from the rest of the patient's medical record). Release of psychotherapy notes requires a separate authorization.

The purpose of the use or disclosure is (please check (√) appropriate box):

<input type="checkbox"/> Attorney/Legal	<input type="checkbox"/> Continued Patient Care	<input type="checkbox"/> Social Services / Disability
<input type="checkbox"/> Personal Use	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other:

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I understand that:

- I may revoke this Authorization at any time.
- The revocation will not apply to information that has already been released in response to this Authorization.
- The revocation will not apply to my insurance company and that the law provides my insurer with the right to contest a claim under my policy.

I understand that:

- If I revoke this Authorization, I must do so in writing.
- The procedure for revoking this Authorization is to present my written revocation to North Carolina Heart and Vascular office

I also understand that:

- I may refuse to sign this Authorization.
- North Carolina Heart and Vascular will not condition the patient’s treatment (or any payment, enrollment in a health plan, or eligibility for benefits) on receiving my signature on this Authorization.

I have been informed and understand that information disclosed pursuant to this Authorization may be subject to redisclosure by a recipient of such information. It is possible that once disclosed, the privacy of the information will no longer be protected under federal medical privacy law.

I understand a fee may be charged for copying the protected health information.

Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____ . If I fail to specify an expiration date or event or condition, this authorization will expire automatically in ninety (90) days from the date of signature.

I have read and understand the information in this Authorization form.

Signature of Patient	Date
- OR -	
Signature of Authorized Representative	Date
Witness	Date

Please explain the Representative’s authority to act on behalf of the patient: _____

OFFICE USE ONLY	
Date Completed: _____ Total Pages: _____ Completed By: _____ Sent via: Mail Courier Certified Mail Fax Pick-up Fax Number: _____ <input type="checkbox"/> Fax # Verified <input type="checkbox"/> I.D. Checked <input type="checkbox"/> CD <input type="checkbox"/> Paper CD Verification #1: _____ Date: _____ CD Verification #2: _____ Date: _____ CD Verification #3: _____ Date: _____	ADDITIONAL NOTES: