

Foothills Center For Women, P.A.

112 Boone Trail
North Wilkesboro, NC 28659
Phone: 336-667-8241 • Fax (336) 667-7389

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

DOB: ____ / ____ / ____ SSN ____ / ____ / ____ Phone (____) _____

I authorize _____
NAME OF PHYSICIAN AND/OR FACILITY MAILING ADDRESS CITY, STATE, ZIP

Phone (____) _____ Fax (____) _____

To release to _____
NAME OF PHYSICIAN AND/OR FACILITY MAILING ADDRESS CITY, STATE, ZIP

Phone (____) _____ Fax (____) _____

The following specified records /information should be released:
(Place a mark in the box and specify dates in the blank line provided.)

- Office Notes: _____ Lab: _____
 X-ray: _____ Path: _____
 Other: _____

Purpose for disclosure: Medical Care Insurance Legal Personal Other: _____

I authorize the disclosure of the information above via: Copy Fax Verbal Written

By signing this form, I understand that I am authorizing the release or disclosure of the requested information as marked above in accordance with any specifications I have made. I understand that Foothills Center For Women, P.A. will not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization. Such information cannot be released without authorized permission, except as required by law.

- This authorization will expire one (1) year from the date it is signed by the patient or legal representative.
- The patient or legal representative may revoke this consent at any time with written request.
- Any health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Foothills Center For Women, P.A., or the federal privacy regulations.

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE DATE SIGNED ____ / ____ / ____

WITNESS SIGNATURE (ONLY FOR A LEGAL REPRESENTATIVE) DATE SIGNED ____ / ____ / ____

INTERNAL USE ONLY	<input type="checkbox"/> Faxed <input type="checkbox"/> Mailed	Released by _____
	<input type="checkbox"/> Picked up by _____	Date ____ / ____ / ____
Date Request Received: ____ / ____ / ____		Date Request Completed: ____ / ____ / ____