

Cary Cardiology, PA
300 Keisler Drive, Suite 204, Cary, NC 27511
Tel. 919-233-0059*Fax 919-233-0343

Account# _____

Authorization for Release of Medical Information

Patient Name: _____ Phone # _____

Date of Birth: _____ SSN _____

“In accordance with HIPAA regulations, I hereby authorize Cary Cardiology, PA to obtain or release my protected health information (information pertaining to my medical records and/or financial records). I acknowledge that these records may contain confidential information. The information disclosed in this authorization may be subject to re-disclosure by the recipient and no longer protected by federal law. I hereby release Cary Cardiology, PA and its staff from any liability that may arise from the release of the information indicated below.

Information to be disclosed to:	Information to be disclosed from:
Name: _____	Name: _____
Address: _____	Address: _____
City / State / Zip: _____	City / State / Zip: _____
Tel. _____	Tel. _____
Fax _____	Fax _____

Information to be released: _____

Reason for Request: (check all that apply)

<input type="checkbox"/> Continuing Care	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Transferring Care	<input type="checkbox"/> Health Insurance
<input type="checkbox"/> Personal Request	<input type="checkbox"/> Legal Request
<input type="checkbox"/> Other _____	

This authorization expires 1 year from the date signed or earlier (specify date): _____

I understand that:

- I may revoke this authorization at any time by providing written notice to the practice.
- This practice will not condition treatment of payment based on my signing this authorization.
- I am signing this authorization freely and under no pressure from any individual to do so.
- I acknowledge that I have had an opportunity to review this authorization & understand its intent and use.
- Upon request, I will receive a copy of this completed and signed form.

Patient Signature _____ Date _____

Patient Representative _____ Relationship _____ Date _____