

CAROLINA BONE & JOINT, PA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Print – Patient’s Full Name)

Birthdate (Month/Day/Year)

(Street Address)

Daytime Telephone Number

(City, State, Zip Code)

I HEREBY AUTHORIZE: 10460 Park Rd, 701E. Roosevelt Blvd. 1228 Colonial Commons 1124 N. Church St., Ste. 100A
Charlotte, NC 28210 Monroe, NC 28112 Lancaster, SC 29720 Greensboro, NC 27401
Fax: 704.602.0031 Fax: 704.289.5829 Fax: 803.286.8332 Fax: 336.274.6994

TO RELEASE INFORMATION TO:

Name of Company/Agency/Facility/Person

Street Address

Phone Number

City, State, Zip Code

Fax Number

PLEASE CHECK THE INFORMATION TO BE RELEASED AND THE RELATED DATE(S) OF SERVICE:

Date from: _____ Date to: _____

- All Records Clinical Notes Radiology Reports Operative Notes
 Medication Lists Therapy Notes Work Status Forms
 Other _____

PURPOSE OF DISCLOSURE:

- Referral to Specialist Insurance Workers’ Comp Change of Doctor
 Legal Investigation Disability Determination Personal Other _____

This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that once my health care provider discloses my health information to the recipient identified above, my health care provider cannot guarantee that the recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information. I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of my treatment by my health care provider.

Signature of Individual

Date

If Individual is unable to sign this Authorization, please complete the information below:

Name of Guardian/Representative

Legal Relationship

Date

Witness

For questions about the privacy of your health information, you may contact the Privacy Officer at 10430 Park Road, Suite 300, Charlotte, NC 28210, or by telephone at (704) 541-3055.