

Preston Medical Associates
110-A Preston Executive Drive
Cary, NC 27513
(919)319-9219 – phone
(919)481-1716 – fax

Authorization for Release of Protected Health Information

Name of Patient		Date of Birth
Street Address		City/State/Zip
Home Phone #	Work Phone #	Cell Phone #

Release Records to:	Release Records From:
Name (Clinic,Physician)	Name (Clinic, Physician)
Street Address	Street Address
City/State/Zip	City/State/Zip

Information to be released:

<input type="checkbox"/> Office Visit Notes	<input type="checkbox"/> Records from Specialist
<input type="checkbox"/> OB/Gyn Records	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Lab Results	<input type="checkbox"/> Entire Records
<input type="checkbox"/> X-Ray Reports	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> X-Ray Films	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hospital Records	

****All records pertaining to a sensitive manner, such as STD/HIV testing and/or psychiatric/mental health will be released unless indicated here: DO NOT RELEASE RECORDS OF A SENSITIVE NATURE AS DESCRIBED ABOVE.**

Purpose for release:

I understand that I have the right to:

- ▶ Receive a copy of this authorization
- ▶ Refuse to sign this authorization
- ▶ Revoke this authorization

This authorization will remain in effect until the following date(s)._____

Signature of Patient (or legal representative)	Date
Relationship to Patient (authority to act on patient's behalf)	Date