

**CAROLINA DIGESTIVE HEALTH ASSOCIATES, PA
REQUEST FOR RELEASE OF MEDICAL INFORMATION**

To: _____
(Facility Name)

Patient Name: _____

(Address or Fax Number)

DOB: _____ SS: _____ - _____ - _____

I authorize you to disclose the following information from the medical record of the above named patient to Carolina Digestive Health Associates at the address or fax number listed below. The purpose of this disclosure is to provide further medical treatment to the patient.

Specific information to be disclosed (please check appropriate items):

____ All Records ____ Office Visit Notes ____ Operative Reports
____ Test Results (Labs, X-rays, Etc.) ____ Pathology Reports

Date(s) of Service to be disclosed: From _____ to _____

This authorization will expire on the following date: _____

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year. I also understand that I may revoke this authorization at any time. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing this disclosure will include that information.

(Signature of Patient or Representative)

(Date)

(Relationship to Patient)

Please send records via _____ Fax _____ Mail to the attention of Dr. _____ at the Carolina Digestive Health Associates office checked below:

300 Billingsley Rd, Suite 200
Charlotte, NC 28211
704-372-7974 (Office)
704-372-4966 (Fax-Adults)
704-372-5166 (Fax-Peds)

10620 Park Rd, Suite 212
Charlotte, NC 28210
704-543-7305 (Office)
704-543-6392 (Fax)

1450 Matthews Township Pkwy
Suite 460
Matthews, NC 28105
704-814-0779 (Office)
704-814-0789 (Fax)

1321 E Sunset Dr
Monroe, NC 28112
704-291-2488 (Office)
704-291-7533 (Fax)

547 Highland St
Mt. Holly, NC 28120
704-820-9430 (Office)
704-820-9426 (Fax)

8401 Medical Plaza Dr, Suite 140
Charlotte, NC 28262
704-510-8933 (Office)
704-510-8883 (Fax)

101 WT Harris Blvd
Suite 3215
Charlotte, NC 28262
704-547-8818 (Office)
704-547-9865 (Fax)

Lake Norman Medical Pavilion
156 Centre Church Rd, Suite 307
Mooresville, NC 28117
704-799-2750 (Office)
704-799-2760 (Fax)

4315 Physicians Blvd
Suite 202
Harrisburg, NC 28075
704-455-9700 (Office)
704-455-6677 (Fax)

16633 Birkdale Commons Pkwy
Suite 150
Huntersville, NC 28078
704-405-0723 (Office)
704-405-0727 (Fax)