

Chapel Hill Pediatrics & Adolescents
205 Sage Rd Suite 100, Chapel Hill, NC 27514
Tel: 919-942-4173, Fax: 919-933-3473
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

(Print patient's full name)

(Birth date: m/d/y)

(Street address)

(Social security number)

(City, state, zip code)

(Home phone number)

At the request of the individual, I _____, do hereby authorize _____
to release: _____ (parent) _____ (name of facility)

_____ Progress notes

_____ Pathology reports

_____ All records

_____ Other doctor notes

_____ Lab reports

_____ Other: _____

_____ OB/GYN notes

_____ Radiology reports

_____ Hospital notes

_____ ECG/EEG/Cardio

_____ I do / _____ I do NOT authorize release of information related to AIDS or
HIV infection, psychiatric care, and/or psychological
assessment, and treatment for alcohol and/or drug abuse.

Information release to: Chapel Hill Pediatrics and Adolescents, P.A.
(Name: physician, hospital, agency, etc.)

205 Sage Road, Suite 100
(Street address)

Chapel Hill, NC 27514
(City, state, zip code)

Purpose of disclosure:

_____ Referral to specialist

_____ Insurance

_____ Worker's comp

_____ Legal investigation

_____ Disability

_____ Personal

_____ Other (specify): _____

I hereby authorize disclosure of the health information for the above named patient. 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 effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individual or guardian or personal representative of patient's estate **Date**

Reason for transferring: _____

Please provide a current phone number in the event we need to contact you: _____