

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 Carolina Bone & Joint, PA
TO RELEASE INFORMATION TO:

PO Box 79380, Charlotte, NC 28271
Fax: 704.602.0031

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 by telephone at (704) 541-3055.