Sandhills OB-GYN Associates, P.A.

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Board Certified by the
American Board of
Obstetrics & Gynecology

Authorization for Release of Protected Health Information

Patient's full name at the time of treatment:_____

Patient's Address: _____

Date of birth:_____ Social Security Number: _____

Date(s) of treatment:_____

Purpose of release: _____

I authorize to release my health information to:_____

Recipient's Address: _____
___ Mail record ___ I will pick up (exception only) ___ Send via fax (___) _____

Information to be released: (Please check all that apply.)

___ Entire Medical Record
___ Physician Notes
___ Office Notes
___ Pathology Reports
___ Cytology Reports
___ Mammography Films
___ Laboratory Report
___ EKG/Cardiovascular
___ Pulmonary Function Test
___ Radiology Reports
___ Operative Report
___ Other _____

1) I understand that if my records contain documentation of alcohol abuse, psychiatric condition, drug abuse, or communicable diseases, this information will be released as part of my record.
2) I understand that if this person or entity receiving this information is not covered by federal privacy regulations, this information will no longer be protected and may be re-disclosed.
3) I understand that I may revoke this authorization at any time, but revocation will not apply to information that has already been released. Revocations should be sent to the address noted at the top of the form.
4) I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment.
5) I understand the charge for obtaining the requested information will be $.65 per page for the first 30 pages, $.50 per page for all additional pages and a $15.00 clerical fee.
6) I understand that this authorization will expire 90 days after signed unless an earlier date is specified here _____.

_____ _____
Signature of patient or authorized person Date

_____
Relationship/Reason patient is unable to sign

Original to Medical Records _____ Copy to _____
(Date) (Date)

Verification Completed by _____