

Stony Point Family Medicine, PA

35 Ruritan Park Road • Stony Point, NC 28678 • Phone: 704-585-9373 • Fax: 704-585-9397

AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL RECORDS

Patient Name (print)

Date of Birth

Street Address

Phone (home)

City/State/Zip Code

Phone (work)

I hereby authorize information from my medical record to be released to/from the following facility/physician/person:

SEND MEDICAL RECORDS TO:

MEDICAL RECORDS FROM:

Stony Point Family Medicine, PA
35 Ruritan Park Road
Stony Point, NC 28678
Phone: 704-585-9373
Fax: 704-585-9397

Name (facility/physician/person)

Street Address

City State Zip Code

Phone Number

Covering the period of treatment from _____ to _____

The specific information to be released includes:

- Immunization records Office visit notes X-Ray reports
- Last physical Lab reports/Pathology reports Other

- I do I do NOT

Authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection, psychiatric care and /or drug abuse, and _____ (if any).

The purpose for the release of this information is:

- Insurance Moving Patient Request
- Legal Purposes Transferring Physicians Referral to: _____
- Other: _____

I have been provided with a copy of Stony Point Family Medicine Notice of Privacy Practices. I understand that I may revoke this authorization at anytime in writing to Stony Point Family Medicine Privacy Officer, or to the office where this authorization was submitted except to the extent that this information has already been released. I understand that there is the potential that the information released by my authorization may be subject to re-disclosure by the recipient of the information. Stony Point Family Medicine may not condition treatment or payment on my signature on this Authorization except in the case of research-related treatment or other such reasons as may be defined in the HIPAA Rule.

Signature

Date

NOTE: THERE WILL BE A CHARGE FOR COPYING YOUR RECORDS APPLIED IN ACCORDANCE WITH NORTH CAROLINA LAW. IF YOU ARE REFERRED TO A PHYSICIAN BY THIS OFFICE THERE WILL BE NO CHARGE AND THE RECORDS WILL BE MAILED OR FAXED TO THE PHYSICIAN'S OFFICE.