



2280 Hwy 70 West, Suite B
Goldsboro, NC 27530
(919) 988-9332 Fx(919) 581-0353

265 Racine Drive, Suite 102
Wilmington, NC 28403
(910) 399-6661 Fx(910) 399-6667

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I authorize the clinic or provider listed below to release my protected health information to the clinic or provider indicated as the authorized recipient.

Clinic or Provider releasing records: _____

Address: _____

Phone: _____ Fax: _____

Patient: _____

DOB: _____

Please release my medical records to the following authorized recipient:

- | | |
|--|---|
| <input type="checkbox"/> Biosymmetry, PC
2280-B Hwy 70 West
Goldsboro, NC 27530
Phone: 919-988-9332 Fax: 919-581-0353 | <input type="checkbox"/> Biosymmetry, PC
265 Racine Drive, Suite 102
Wilmington, NC 28403
910-399-6661 Fax: 910-399-6667 |
| <input type="checkbox"/> Other: _____

_____ | |

Dates of Treatment/Service to be released: All dates available
Or the following specific date: _____

Type of information to be released:

- Pap report, Mammogram report (Most recent) Other: _____

Reason for disclosure: _____

Please do not release the following information, even if occurring during dates above:

This authorization will automatically expire in 90 days from the date of your signature, or fulfillment of the record release request. This Authorization may be revoked at any time by the patient or authorized representative in writing.

I understand that this information may include any history of acquired immunodeficiency syndrome (HIV or AIDS), sexually transmitted diseases, psychiatric care, and treatment for substance abuse, or similar sensitive information. I am aware that I may refuse to sign this authorization. I further understand that I have the right to inspect any protected health information to be disclosed.

I understand that Biosymmetry assumes no responsibility for the use or misuse by others of my protected health information. I have had the opportunity to discuss any concerns about the privacy of my protected health information and to discuss Biosymmetry's privacy policy.

Federal law states that treatment, enrollment or eligibility for benefits may not be conditioned upon obtaining this authorization, if such conditioning is prohibited by the Privacy Rule. Federal law also requires a statement that there is the potential that the protected health information released under this authorization may be subject to re-disclosure by the recipient.

Patient's Signature

Patient's Name

Date

Parent, Guardian, or Representative

Name

Date