CAROLINA SPORTS MEDICINE AND ORTHOPAEDIC SPECIALISTS
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Print Patient's Full Name _____ Birth Date (Mo/Day/Yr) _____

Street Address _____ Social Security Number _____

City, State, Zip _____ Phone _____

At the request of the individual, I_____ (Patient's Name), do hereby authorize _____ (Name of Facility) to release:

Dates of _____

☐Discharge Summary	☐Pathology Reports	☐Emergency Reports
☐History&Physical	☐Laboratory Reports	☐Other _____
☐Progress Notes	☐Radiology Reports	☐Other_____
☐Operative Notes	☐ECG/EEC/Cardiac Cath	☐Other_____

☐I do or ☐I do NOT authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

INFORMATION RELEASE TO: Carolina Sports Medicine and Orthopaedic Specialists
1717 Shipyard Blvd, Ste 350
Wilmington, NC 28403
Phone: 910.799.0110
Fax: 910.799.1958

PURPOSE OF DISCLOSURE:

☐Referral to Specialist	☐Insurance	☐Workers Comp	☐Change of Doctor
☐Legal Investigation	☐Disability Determination	☐Personal	☐Continuing Care

☐Other (please specify) _____

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

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 affect any information release 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 the medical provider to whom this is authorization is furnished may not conditions its treatment of on whether or not I sign the authorization

_____ _____

Signature of Individual, guardian or Personal Representative of patient's estate. Date

**NOTE: There will be a charge for a personal copy or the permanent transfer of your records.