

AUTHORIZATION TO OBTAIN HEALTH INFORMATION



HEALTH INFORMATION OF:

Patient's Name: _____ Local Telephone: _____

Local Address: _____ City/State/Zip Code _____

Banner ID or SSN: _____ DOB: _____

Purpose for Request (Please Check) Work School Personal Other _____

I hereby authorize the release of medical information:

To / From: (Please Circle One)

North Carolina A & T State University
Sebastian Health Center
1601 E. Market Street
Greensboro, NC 27411
(336) 334-7880 office (336) 256-2613 fax

To / From: (Please Circle One)

(Name)

(Street)

(City, State, Zip Code)

(Telephone)

(Fax)

SPECIFY INFORMATION TO BE OBTAINED:

- | | | |
|--------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Progress/Physician Notes | <input type="checkbox"/> X-Ray Report |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Emergency Report |
| <input type="checkbox"/> EKG/EMG /EEG | <input type="checkbox"/> Consultation Report | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Laboratory Report | | |
| <input type="checkbox"/> Other _____ | | |

Record for the period (dates) from _____ to _____

TERM: I understand that I may revoke this authorization at any time except to the extent that action has been taken. Unless otherwise revoked, this authorization will expire on the following date: _____. If I fail to specify an expiration date, this authorization will expire in (90) days from the date of signature.

Signature of Patient or Legal Representative

Date

Signature of Witness

Date

Confidentiality Note

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If you are not the intended recipient or the employee or agent responsible for delivering this communication to the intended recipient, you are hereby notified that any reading, distribution or copying of this communication is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone at (336) 334-7880.