

Raleigh OB/GYN Centre
4414 Lake Boone Trail Suite 405
Raleigh, NC 27607
(919)876-8225 Fax (919)876-3371



Authorization for Release of Medical Information

(Patient Name)

Date of Birth (Mo/Dy/Yr)

(Address)

Phone (Work)

(City, State)

(Zip)

Phone (Home)

(Medical Record Number)

(Social Security Number)

I, _____, do hereby authorize **Raleigh OB/GYN Centre** to release (**check one**):

All medical records pertaining to the care and treatment received from _____ to _____ and,

_____ I do I do **NOT**

authorize release of information related to AIDS (Acquired Immuno-deficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

PURPOSE OF DISCLOSURE:

TO:

(Location)

(Address)

(City, State, Zip)

- Continuation of Care
- Change of Doctor
- Disability Determination
- Insurance
- Personal
- Referral to Specialist
- Workers Compensation
- Other _____

Is this a **permanent** transfer?(Circle one) **Yes / No** Reason for request: _____

Signature (Full Name) of Patient, Legal Guardian if under 18 or POA

Date

Witness

Date

Please note: Records to be released are limited to those services provided by Raleigh OB/GYN Centre physicians only. There will be a fee plus postage for medical records when requested for personal use or for the transfer of care to another physician. HEALTHPORT has been contracted to provide this service and will invoice you directly. Their fees are: \$0.75 per page for the first 25 pages, \$0.50 per page for pages 26 through 100 and \$0.25 per page for pages 101 and above. Postage will also be added to the invoice. Questions may be directed to HEALTHPORT'S district office at (800)822-1665.