

University of North Carolina Health Care System

Internal Medicine Clinic

102 Ambulatory Care Center, CB# 7705 • Mason Farm Road, Chapel Hill, NC 27599-7705

Phone 919-966-1459 • FAX 919-966-9671

ATTENTION: RELEASE OF MEDICAL INFORMATION

I authorize \_\_\_\_\_

To release to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

the medical records of

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

\* (SSN voluntarily provided)

UNC Medical Record Number (hospital card) \_\_\_\_\_

Treatment dates: \_\_\_\_\_

Information to be released (please check information required):

- Clinic Notes       Progress Notes       Nurse Notes       X-ray Reports
- Emergency Room       Operative Report       Discharge Summary       Doctor Consultations
- Urgent Care Center       Pathology Report       Lab Reports       Other
- History & Physical       Physician Orders       EKG, EEG, EMG

I acknowledge that data to be released may include material that is protected by law. My check mark and my signature below authorizes inclusion of information pertaining to:

- Mental Health       Drugs & Alcohol       HIV / AIDS       Genetic Testing       Not applicable

Reason for request:

- Patient Care       Other \_\_\_\_\_

I understand the information released is for the specific purpose above and may not be provided in whole or in part to any other agency, organization, or person. I understand a fee may be charged for copying the medical record. I understand that I may revoke this authorization at any time except to the extent that action has already been taken on it. I understand this authorization will automatically expire ninety (90) days from the date of signature.

Revised 1/16/07

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

Office Use Only  
Ed. On Fee \_\_\_\_\_ Call for: \_\_\_\_\_ Pickup \_\_\_\_\_ Review