

SOUTH CHARLOTTE GENERAL & VASCULAR SURGERY, PLLC.

10512 Park Rd. Suite 111 Charlotte, North Carolina, 28210 Phone: 704-910-8380 Fax: 704-817-9980

PROTECTED HEALTH INFORMATION (PHI)

You may give South Charlotte General & Vascular Surgery (SCGVS) written authorization to disclose your Protected Health Information (PHI) to anyone you designate for any purpose. If you wish to authorize a person or entity to receive your PHI, please complete the information below.

PATIENT NAME: _____ DOB: _____

Persons to whom PHI can be disclosed upon request:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that I may revoke this authorization at any time by giving the practice written notice mailed to the address at the top of this form. I also understand that revocation will not affect any action the practice and their business associates took in reliance upon this authorization before receiving my written notice of revocation.

I further understand that if the persons or entities I authorize to receive my PHI are not health plans, covered health care providers or health care clearinghouses subject to the Health Insurance Portability and Accountability Act (HIPAA) and/or other federal health information laws, they may farther disclose my PHI and it may no longer be protected by HIPAA or Federal Health Information Privacy Laws. I also release and SCGVS from any and all liability, costs and of whatsoever kind and nature arising from the release of this information.

I **do** or **do not** (circle one) authorize SCGVS to leave messages on my home answering machine or voicemail regarding my PHI.

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Patient Signature (or Authorized Representative)

Date