Medical Records Release Cile H Williamson MD Gynecology 3 Regional Cr Suite B Pinehurst NC 28374 910.215.0111 Fax 910.215.0113

Medical Record Number:	Patient Name:	Date of Birth:
described below: I,		
described below: I,	Medical Record Number:	Phone #:
to release the following information: Lab & Xray reportsOP reportsClinic notesEmergency reportPathology reportClinic notesEntire chart I do I do not authorize release of information related to AIDS or HIV infection, sexually transmitted diseases, psychiatric care and or psychological assessment, and treatment for alcohol and/or drug abuse. Dr Cile Williamson Release information to: 3 Regional Cr Ste B Pinehurst NC 28374 Authorized Private Health Information will be used and disclosed for the following purposes: I have received a copy of Cile H Williamson MD Gynecology's Notice of Privacy Practices. I understand that I may refuse to sign this authorization and that my refusal to sign in no way affects my treatment payment, enrollment in a health plan or eligibility for benefits. I also understand my signature will be required prior to my request being completed. Cile H Williamson MD Gynecology may use or disclose such protected health information only until expiration date or expiration event relating to the individual or purpose of the use or disclosure. At all times, I retain the right to revoke this authorization. Such revocation must be submitted in writing to Cile H Williamson MD Gynecology, 3 Regional Dr Suite B, Pinehurst NC 28374. I understand that information used or disclose pursuant to this authorization may be subject to re-disclosure by the recipient of such information, and, at that point, the information may no longer be protected under the federal or state confidentiality rules. This authorization will automatically expire six months from the date signed. I understand that I may be required to pay a fee for copying these medical records. I have read and understand this information. I have received a copy of this form and I am the patient or am authorized to act on behalf of the patients.		
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