Pinehurst Family Care Center, P.A.

8 Regional Circle

Pinehurst, NC 28374

Medical Authorization and Release Form

You may elect to provide Pinehurst Family Care Center written authorization to disclose your protected health information to anyone that you so designate. If you choose to authorize a person to receive your protected health information, please complete the form below. You may also use this form to give us consent to leave detailed information on your home answering machine, cell phone, email or with a designated party.

I, ______________________________ authorize the following people to perform the actions listed and initialed below on my behalf:

Name	Relationship
1.	
2.	

*****Please initial in the blank provided beside actions that may be performed.*****

_____Discuss my care with Pinehurst Family Care staff

_____Make/change/cancel/inquire about my appointments

_____Request prescription refills

_____Pick up prescriptions

_____Handle billing issues

_____Receive my lab and test results

_____Messages may be left on my _____home phone _____cellular phone _____email _____work phone

_____**I request that <u>no</u> information be shared with anyone**.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

This authorization is valid as long as I am a patient of Pinehurst Family Care Center, unless I decide to revoke it by the prescribed method. I understand that at any time I may cancel this request with written notification, but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person receiving it, and would then no longer be protected by federal HIPAA. regulations.

______________________________ ______________________________

Signature Date

______________________________ ______________________________

Printed Name DOB

______________________________ ______________________________

Staff Member Witness Date