Greensboro Medical Associates

1511 Westover Terrace Greensboro, NC 27408
Phone (336) 373-0611 Fax (336) 373-1589

AUTHORIZATION TO REQUEST/RELEASE MEDICAL RECORDS

Patient's Full Name: ____________________

Address: ____________________

Date of Birth: __________ Phone Number: Home: ______ Work: ______ SS#: __________

Records to be requested: All____ Specify__________

____ I authorize Greensboro Medical Associates, P.A., to **REQUEST** my medical records from:

____

____

____ I authorize Greensboro Medical Associates, P.A., to **RELEASE** my medical records to:

____

____

Reason for Request: ____ New Insurance
____ Moving Out of Area
Other__________

I hereby authorize disclosure of the health information for the above named patient. This information may be communicated through written, oral, photocopy, or electronic means for a period of one year from date of this authorization, unless I specify otherwise or revoke it. This information may include physical exams, office/hospital notes, test results, records pertaining to physical and mental health, alcohol, drugs, tobacco, and the diagnosis or treatment of HIV (AIDS virus) infection or other sexually transmitted diseases, and any other pertinent information necessary to my treatment. *Records from other health care facilities should be obtained from original source.* I understand that I may cancel this request with written notification at any time, but that it will not affect any information released prior to notification of cancellation.

I release Greensboro Medical Associates, P.A., and any members of their staff from all liability regarding the disclosure of this information.

Signature: ____________________ **Date:** __________
(Patient must sign unless unable to do so. If relative, state relationship.)

Witness: ____________________ **Date:** __________

GMA Office Staff:
**If records released directly, identification confirmed by Driver's License or other picture ID: Yes_____ Number:__________ No_____

There is a charge for copying of your medical records pursuant to NC Law 90-411.