

CARY MEDICAL CLINIC
550 New Waverly Place, Suite #105
Cary, NC 27518
Tel 919-233-2022 / fax 919-233-2212

Neelu Agarwal, MD

Abhay Agarwal, MD

AUTHORIZATION TO RELEASE / OBTAIN MEDICAL RECORDS

Patient Chart# _____

Patient Name _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____ / ____ / ____ SS# _____

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Facility **TO RELEASE** Records _____

Full Address _____

Phone # _____ Fax # _____

Dates of Treatment Needed _____

Party **TO RECEIVE** Records _____ Cary Medical Clinic

Full Address _____ 550 New Waverly Place Suite 105 Cary, NC 27518

Phone # _____ 919-233-2022 Fax # _____ 919-233-2212

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I authorize Cary Medical Clinic to obtain/release my personal health records concerning my illness and/or treatment including HIV/STD, drug and alcohol abuse. I understand that I may revoke this authorization at any time except for release that has already been made. All releases will be handled discretely in compliance with the HIPAA Patient Confidentiality guideline for healthcare providers.

Signature _____

Date _____

Witness _____

Date _____