

Masonboro Urgent Care
6132 Carolina Beach Road, Suite 8
Wilmington, NC 28412
Phone 910-794-4947
Fax 910-794-4943

HIPAA RELEASE

Authorization for Use and Disclosure

Release Information to Masonboro Urgent Care

Patient Name: _____
Last First MI Maiden or Other Name
Date of Birth: ____ - ____ - ____ Medical Record #: _____ Phone: _____
Address: _____ City: _____ ST: _____ Zip: _____

I authorize _____ Fax number _____
Phone number _____
to disclose the following records related to:
Date of Service: _____ **All dates of Service** _____
Records: All records Medical Records **To include:**
 Diagnostic Records (lab, x-ray, etc.) HIV/STD
 Treatment Records Drug and alcohol related
 Billing/Claims Records

Please release these records to: COVERED ENTITY or INDIVIDUAL LISTED BELOW

NAME: Masonboro Urgent Care

ADDRESS: 6132 Carolina Beach Road, Suite 8

CITY: Wilmington STATE: NC ZIP: 28412

PHONE: 910-794-4947 FAX: 910-794-4943

For purposes of treatment, payment, health care operations, or other _____

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions, per your request, and no longer protected by these regulations.

You may **revoke this authorization** in writing at any time by sending written notification to:

Dawn Bowen OR FAX 910-794-4943
Masonboro Urgent Care
6132 Carolina Beach Road, Suite 8
Wilmington, NC 28412

Please note: Revocations do not apply to information that has already been disclosed or used before revocation has been received.

You have the right to receive a copy of this authorization.

This authorization expires one year from date of signing or on _____

SIGNATURE OF PATIENT

DATE

OR

PARENT/LEGAL GUARDIAN/AUTHORIZED PERSON

DATE

RELATIONSHIP TO PATIENT