



**Universal Family Medicine**

Park Place  
3396 Six Forks Road  
Raleigh, NC 27609  
P: (919) 781-8897  
F: (919) 782-4839

**Authorization for Disclosure of Health Information**

I hereby authorize \_\_\_\_\_  
to disclose the following information from the health record of:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_

Information to be disclosed:

- Complete Health Record
- X-Ray Reports
- Hospital Records
- Progress Notes
- Laboratory Tests (including STD results and HIV/AIDS testing)
- Other: \_\_\_\_\_

The information will be disclosed for the purpose of evaluation and treatment of continued health care to:

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:

\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality Notice**

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being given to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

**Important Warnings:** This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying, or distribution of this information is **strictly prohibited**. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents.