Med Fast Urgent & Primary Care

605 W Cumberland Street
Dunn, NC 28334
Phone: 910 891-1391
Fax: 910 891-1687

602 S. Wall Street
Benson, NC 27504
Phone: 919 894-3321
Fax: 919 894-8742

Authorization for Disclosure of Health Information

I hereby authorize _____ to disclose the following information from the health records of:

Patient name _____ DOB: _____

Information to be disclosed: SSN: _____

- □ Complete health record
- □ X-ray reports
- □ Hospital records
- □ Progress notes
- □ Laboratory tests
- □ Consultation reports
- □ Appointment information
- □ Other _____
- □ Physical Exam
- □ Vaccination Record
- □ CMS Billing Form
- □ Insurance Ledger
- □ Annual Tax Payment Document

The information will be disclosed to Med Fast Urgent & Primary Care, for the purpose of evaluation and treatment and/or continued health care.

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

The facility, its employees, and providers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Patient Signature: _____ Date _____

Legal Representative: _____ Date _____

- Relationship to the Patient: _____

Signature of Witness: _____ Date _____