

  
ONCOLOGY SPECIALISTS  
OF CHARLOTTE, PA

**Authorization for Release of Health Information**

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE #: \_\_\_\_\_

**PURPOSE OF DISCLOSURE:**

- Legal                                       Personal use                                       Physician Request  
 Changing Physicians                       Insurance                                       Other: \_\_\_\_\_

**FROM:**

ONCOLOGY SPECIALISTS OF CHARLOTTE, PA  
2630 E. 7<sup>TH</sup> STREET, SUITE 210  
CHARLOTTE, NC 28204  
Phone: 704-342-1900  
Fax: 704-377-0353

**TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIFIC INFORMATION TO BE RELEASED** (Example: Office Visit Notes, Laboratory Repots, etc.)  
Note: As to what may be released, it will be at the medical offices discretion. The amount reasonably necessary for certain identified purposes, pending purpose of disclosure.

\_\_\_\_\_  
\_\_\_\_\_

**DATES OF SERVICE RANGE: FROM** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: By signing this authorization, you acknowledge that it extends to all or any part of the records designated above, which may include final findings, diagnosis, treatment, assessment, dates of service, psychiatric information, HIV test results, alcohol/drug abuse, etc., unless specifically excluded by you. I understand that this authorization will expire 90 days from the date of signature.

\_\_\_\_\_  
SIGNATURE OF PATIENT                                      DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN/AUTHORIZED PERSON                      DATE                      RELATIONSHIP TO PATIENT

**NOTICE TO PATIENTS:** The patient or the patient's representative may inspect and/or copy the health information to be used or disclosed in accordance with practice policies. You may refuse to sign this authorization or revoke it in writing at a later date if the information has not already been disclosed.

Return completed and signed form by fax 704-377-0353; or mailing to the address listed; or in person during office business hours.