

## Authorization for Release of Information

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Charlotte Dermatology, PA. is authorized to release protected health information about the above-named patient to the entities named below.

**Entity to Receive Information. INITIAL EACH that is subject to this authorization.**

\_\_\_ Leave Information on the voicemail. ☐ Home ☐ Cell ☐ Work and/or via Text / Email (please circle)  
\_\_\_ Give information to spouse. Spouse Name: \_\_\_\_\_

\_\_\_ Give information to the following person (s): \_\_\_\_\_  
\_\_\_ Sent messages via the patient portal regarding test results, etc.

**Description of information to be released**

\_\_\_ Financial information.  
\_\_\_ Family billing information.  
\_\_\_ Information results from test or x-rays.  
\_\_\_ Medical information as follows: \_\_\_\_\_  
\_\_\_ Other information as described: \_\_\_\_\_

**Rights of the Patient**

I Understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed in this document by signing a written notification to Charlotte Dermatology, PA. I understand that a revocation is not effective in cases where the information has already been disclosed, but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned upon signing this authorization.

This Authorization shall be in force and effect until revoked by the patient or representative signing the authorization.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Representative

\_\_\_\_\_  
Description of Personal Representative's Authority (attach necessary documentation)

**Charlotte Office** 2630 East 7th Street, Suite 200 | Charlotte, NC 28204 **Matthews Office** 1238 Mann Dr | Matthews, NC 28105

**Rocky River Office** 9550 Rocky River Rd, Suite 200 | Charlotte, NC 28215 **University Office** 8401 Medical Plaza Dr, Suite 260 | Charlotte, NC 28262

**Waverly Office** 11840 Southmore Drive, Suite 170 | Charlotte, NC 28277 **Myrtle Beach Office** 8208 Devon Court, Suite B | Myrtle Beach, SC 29572