

The Whole Woman, PLLC

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Raleigh, NC 27615
Phone 919-900-7222
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Patient Name: _____ DOB: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

I hereby authorize the release of information from The Whole Woman to:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

For the purpose of:

Continued treatment Legal review Insurance purposes Collaboration of care

Other (please describe) _____

Records are for (specify dates and records requested): _____

1. I understand that this authorization will expire six months from this date. A photocopy of this form will be considered as valid as the original.
2. I understand that this health information may include HIV-related information, mental health, alcohol, drug, sexually transmitted diseases, information relating to pregnancies and/or information relating to cancer diagnosis.
3. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by Federal privacy regulations. However, other state or federal law may prohibit the recipient from disclosing specially protected information such as substance abuse treatment information, HIV/AIDS related information and psychiatric/mental health information. I understand that I may revoke this authorization at any time except to the extent that the information has already been released pursuant to this authorization and before I have revoked my authorization.
4. There will be a charge for copying records for personal use if greater than 10 pages.

A health care provider may charge a reasonable fee to cover the costs incurred in searching, handling, copying, and mailing medical records to the patient or the patient's designated representative. The maximum fee for each request shall be seventy-five cents per page for the first 25 pages, fifty cents per page for pages 26 thru 100, and twenty-five cents for each page in excess of 100 pages, provided that the health care provider may impose a minimum fee of up to ten dollars, inclusive of copying costs. If requested by the patient or the patient's designated representative, nothing herein shall limit a reasonable professional fee charged by a physician for the review and preparation of a narrative summary of the patient's medical record. This section shall only apply with respect to liability claims for personal injury, and claims for social security disability, except that charges for medical records and reports related to claims under Article 1 of Chapter 97 of the General Statutes shall be governed by the fees established by the North Carolina Industrial Commission pursuant to G.S. 97-26.1. This section shall not apply to Department of Health and Human Services Disability Determination Services requests for copies of medical records made on behalf of an applicant for Social Security or Supplemental Security Income disability. (1993, c.529, s.4.3; 1993 (reg. Sess., 1994), c. 679, s.5.5; 1995 (Reg. Sess., 1996), c.742, s.36; 1997-443, ss.11.3, 11A.118(b).)

We accept cash, credit card and personal checks.

By signing below, I acknowledge that I have read and understand this authorization.

Signature of Patient

OR _____
Parent/Legal Guardian/Authorized Person

Date: _____