Shah and Associates Family Practice
431 Keisler, Dr. Suite 100,
Cary NC 27518
Phone: 919-468-6820 Fax: 919-468-6484
ShahandAssociatesFP.com

Authorization for Release of Medical Records

Dipen R. Shah, MD Jennifer C. Wilkins, FNP

Patient's Full Name: _____

Social Security Number_____ Date of Birth_____

Reason for Request:

____ Medical Request (Continuing Care)
____ Medical Request (Transferring Care)
____ Health Insurance Request
____ Life/Disability Insurance Request
____ Legal Request
____ Personal Request
____ School Request
____ Other (Please Specify) _____

Information to be released:

____ Medical History/Examination Records
____ X-Ray Reports
____ Mental Health
____ Drug Abuse
____ Allergy Records
____ Hospital Records (including reports)
____ Consultations
____ Laboratory Results
____ Surgical Reports
____ Prescriptions
____ Treatments of Tests
____ Other (Please Specify) _____

I, _____, certify the above request as accurate and hereby authorize release of the records specified above.

From: _____ To: _____
_____ _____
_____ _____

I agree to pay all fees associated with this release, based on the standard fees outlined below. I understand all sections of this form must be completed before it can be processed.

_____ _____

Signature of patient (parent or guardian of minor) Date of authorization Phone number

Request expires 6 months from the date of signature.

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Standard fees set by the State of North Carolina

Provider approval_____

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Date copied_____
Date Released_____
Total Fee $_____
Paid_____ Date Rec'd_____

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 75 cents per page for the first 25 pages, 50 cents per page for pages 26 through 100, and 25 cents for each page in excess of 100 pages, provided that the health care provider may impose a minimum fee of up to 10 dollars, inclusive of copying cost.

Confidentiality Notice

Protected Health Information (PHI) is personal and sensitive information related to a person's health care, and may be released after valid 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. 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.