REQUEST # _____ FIN # _____

UNC Rex Healthcare
4420 Lake Boone Trail
Health Information Management
Raleigh, North Carolina 27607
919-784-3158; Fax 919-784-3343

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize:

	UNC Health Care System	OR		Other facility:

To use or disclose to:

Name of Person or Facility: UNC REX Heart Valve & Structural Center			
Address 2800 Blue Ridge Rd., Ste. 201	City Raleigh	State NC	Zip 27607
Phone: 919-784-1321	Fax: 919-784-7111	Email: N/A	

The protected health information of:

Patient Name:		Date of Birth:	SS# (last 4):
Address	City	State	Zip
Phone:		UNC Medical Record #	

Dates of Service: _____

Put a CHECKMARK next to the specific documents that apply to your request:

	Clinic notes (outpatient)		Operative / Procedure notes		Progress Notes (inpatient)
	Emergency Dept. notes		Providers Orders		Radiology reports
	Urgent Care Center notes		Nursing notes		Patient Billing records
	History and Physical		Consultations		Film / CD (Imaging support)
	Discharge Summary		Laboratory reports		All Medical Records
Other (describe)					

I understand that the information released may include sensitive information related to behavior and/or mental health, drugs and alcohol (including records of a program that provides alcohol or drug abuse diagnosis, treatment, or referral, as defined by federal law at 42 C.F.R. Part 2), HIV/AIDS and other communicable diseases, and genetic testing. This authorization does not include permission to release psychotherapy notes (defined as records from private, joint, group, or family counseling sessions that are separated from the rest of the patient's medical record). Release of psychotherapy notes requires a separate authorization.

Put a CHECKMARK next to the purpose of the request:

	Attorney/ Legal		Continued Patient Care		Insurance
	Personal Use		Social Services/ Disability		Other:

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Put a <u>CHECKMARK</u> next to how you would like to receive your request:

	Mail to address listed above		Fax to # listed above **(Health care providers only; no personal faxes)**		Pick up in Release Dept (HIM)
	Review in Release department (HIM)		Review remotely **(employees only with EHR Access)**		Verbal release
	Receive electronically at email above		Release to MyUNCChart* **(Will require entering 4-digit birth year)****		Other. Specify:

***Releases to MyUNC Chart must be processed by HIM**

****Access via MyUNC Chart will only be available for 30 days; although you may print and/or save a copy for your personal use.**

I UNDERSTAND THAT:

- I may revoke this Authorization at any time:
  - The revocation will not apply to information that has already been released in response to this Authorization.
  - I must revoke this Authorization in writing. The procedure for revoking this Authorization is to present my written revocation to the Health Information Management Department.
- I may refuse to sign this Authorization:
  - My treatment, payment, enrollment in a health plan, or eligibility for benefits can not be conditioned upon my authorization of this disclosure.
  - A fee may be charged for providing the protected health information. Please contact Copy Service to obtain fee and rate information at 919-784-7379.

I have been informed and understand that information disclosed pursuant to this Authorization may be subject to re-disclosure by a recipient of such information. It is possible that once disclosed, the privacy of the information may no longer be protected under federal medical privacy law.

Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____. If I fail to specify an expiration date or event or condition, this authorization will expire automatically in ninety (90) days from the date of signature.

I have read and understand the information in this Authorization form.

Signature of Patient:		
Printed Name:	Date:	Time:

Or

Signature of Authorized Representative:		
Printed Name:	Date:	Time:
Please explain Representative's authority to act on the behalf of the Patient:		

OFFICE USE ONLY	
PROCESSED DATE: _____ □ ID Checked PROCESSED BY:_____ TOTAL PAGES: _____ ADDITIONAL NOTES:	STAMPS / ADDITIONAL NOTES: