Authorization for Release of Health Information

I hereby authorize the use or disclosure of my identifiable health information as described below, I understand that if the organization authorized to receive the information is not an insurance company or health care provider, the released information may no longer be protected by federal privacy laws.

Print Patient Name: First	Middle	e/Maiden	Last
Address:			
Street	City	State	Zip
Social Security #:		Date of Birth:	
Information to be released FROM:		Information to be release	d TO:
The Taub Group	Name	2:	
3535 Randolph Road	Addr	ess:	
Suite 208			
Charlotte, NC 28211			
Dates of service being requested: FROM:		то:	
Check the specific information to be released	d (used or o	disclosed)	
Office Notes			
Radiology Reports/Imaging X-Rays			
Radiology Reports/Imaging X-Rays Laboratory/Pathology Reports EMG/NVS Reports EKG/Monitors			
EMG/NVS Reports			
EKG/Monitors			
Other (Specify):			
I understand that the information in my medical record rabuse, sickle cell anemia, psychological or psychiatric ir syndrome (AIDS), AIDS related complex (ARC), and/or	npairments, s	exually transmitted disease, a	
I understand that I have a right to revoke this authorization providing organization in writing. I understand that revocation is understand that I may inspect or obtain a copy of the information to	ocation will no ion will not ap licy. I unders ader my policy	ot apply to information that he pply to my insurance companistand that authorizing the discy. I can refuse to sign this au	as already been released in y when the law provides closure of this private
This authorization is valid 90 days from the date of signa	ature.		
Printed Name:	Signat	ure:	
(Parent/Authorized Representative)	Date:		
If Authorized representative, please indicate relationship	to patient:		
Spouse			
Parent			
Other			
*Please note, if information relating to the treatment the age of 18, the patient must also sign this authoriza		alcohol abuse is being relea	sed for a patient under
Signature of Minor:			