ROSEDALE
HEALTH + WELLNESS

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security # _____

This request and authorization applies to:

- ☐ Healthcare information relating to the following treatment, condition, or dates: _____
  _____
- ☐ All healthcare information
- ☐ Other: _____

I request and authorize the facility/organization/individual below to release the requested health information:

Facility/Practice Name: _____ Telephone # _____

Facility/Practice Address: _____ Fax # _____

Purpose of Release: ____Ongoing Treatment ___Transfer of Care ___Consultation ___Legal Issues
Other: _____

Patient's Rights and Signature:

I understand that I have a right to revoke this authorization at any time by notifying the Medical Record Department of the above-named organization in writing. I understand that revocation will not apply to information that has already been released in response to authorization.

I understand that authorizing the disclosure of this private health information is voluntary and I can refuse to sign authorization.

I understand that I may request to inspect or obtain a copy of the information to be used or disclosed.

I understand that my treatment cannot be conditioned on signing this authorization unless I am being treated so that a third party can receive my health information, such as an employer for return to work evaluation, an insurance company for eligibility, or a research project in which I am participating.

If the patient is a minor or is clinically unable to sign, an authorized representative may sign this authorization.

Patient Signature: _____ Date Signed: _____

FEDERAL REGULATIONS PROHIBIT THE RECIPIENT OF THIS INFORMATION FROM MAKING ANY FURTHER DISCLOSURES OF THIS INFORMATION, THIS AUTHORIZATION EXPIRES ONE YEAR AFTER IT IS SIGNED

Frederick Cruickshank, MD Christine Lomboy, MD Ashley Day, FNP

Rosedale Health and Wellness ∗ 103 Commerce Centre Drive, Suite 103 ∗ Huntersville, NC 28078
Tel: 704-948-8582 ∗ Fax: 704-948-8572 ∗ www.myrosedalehealth.com