

Daljit S. Buttar, MD
4201 Lake Boone Trail, Ste 100
Raleigh, NC 27607
Telephone: (919) 510-0688
Fax: (919) 863-0257

Authorization for Disclosure of Information

I, _____, hereby authorize _____
to release the following protected health information:

The protected health information may be sent to:

This protected health information is being disclosed for the following purposes:

This authorization expires _____

I understand that once the information is released it may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations.

I understand that I may revoke this authorization at any time by notifying, in writing, the above named doctor/practice. However, a revocation will not affect any actions taken by the above named doctor/practice prior to their receipt of the revocation.

I understand I may refuse to sign this authorization

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Relationship to Patient