Triangle Vein Clinic

Victor A. Medina, M.D., F.A.C.S.

Authorization To Release Protected Health Information (page 1 of 1)

PATIENT NAME _____ ACCOUNT # _____

Triangle Surgical Associates, P.A. is authorized to release protected health information about the above named patient to the entities named below. The purpose is to inform the patient or others in keeping with the patient's instructions.

Entity to Receive Information: (Check each entity/person you approve to receive information)	**Description of information to be released:** (Check each item that can be given to entity/person on the left in the same section)
☐ Answering Machine/Voice Mail Please check approved items at right →	☐ Financial ☐ Instructions to follow for visit/procedure ☐ Notification of surgery/procedure ☐ To request from you additional specific Information ☐ Financial
☐ Post surgery waiting party (All) ☐ None	☐ Post surgical status report
☐ Spouse: _____	☐ Financial ☐ Medical ☐ Exceptions: _____
☐ Parent: _____	☐ Financial ☐ Medical ☐ Exceptions: _____
☐ Other: (name/relationship) _____ _____	☐ Financial ☐ Medical ☐ Exceptions: _____
☐ None of the above	

Patient Rights:

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification to Practice Manager c/o Triangle Surgical Associates, P.A. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. *I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.* I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

_____ Date _____

Patient or Personal Representative Signature

_____

Description of Personal Representative's Authority (attach necessary documentation)

115 Crescent Commons Drive, Suite 200 Cary, NC 27518 Phone: 919-851-5055

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