



Central Carolina Surgery

1002 North Church Street Suite 302

Greensboro NC 27401

### HIPAA Release Form

Persons to Whom Information may be disclosed below: Full name & Date of Birth (helps to ID correct person)

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Name	Date of Birth
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Name	Date of Birth
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**Expiration date of Authorization:** This authorization does not expire unless revoked or terminated in writing by the patient or patient's legal guardian.

**Right to Terminate or Revoke Authorization:** You may revoke or terminate this authorization by submitting a written revocation to our office. You should contact the HIPAA Compliance Officer to terminate this authorization.

**Potential for Re-disclosed:** Information that is disclosed under this authorization may be re-disclosed by the person or organization to which it is sent. The privacy of this information may not be protected under the Federal Privacy Rule depending on whom the information was disclosed to.

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Patient Name (**PRINT**)

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Patient or responsible party signature	Date
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