

**SANDHILLS NEUROLOGISTS, PA**  
295 Olmsted Blvd, Mellon Bldg. Ste. 12  
Pinehurst, NC 28374  
P: 910-235-0595 F: 910-235-0546

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**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone# \_\_\_\_\_ Social Security #: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to release healthcare information of the patient named above to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates:

All healthcare information

Other:

**Definition:** Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

Yes  No I understand this release may include any records regarding, STD, drug, alcohol, or mental health treatment to the person(s) listed above. I have read and understand this authorization and authorize the disclosure of the health information noted above.

I agree that a copy of this release or a fax of this release shall be as valid as this original. I understand that I may withdraw this authorization at any time by submitting such request in writing to Sandhills Neurologists, P.A. The request to revoke the authorization does not affect any health information disclosed prior to Sandhills Neurologists, PA. receiving the written request. I release Sandhills Neurologists, P.A. and any and all employees from all liabilities, responsibilities, damages, losses and claims which might arise from the release of authorized information. Please send copies of all requested information to the address or fax # above.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sandhills Neurologists, P.A. Signature: \_\_\_\_\_

Date Released: \_\_\_\_\_ Method records were released: \_\_\_\_\_

**THIS AUTHORIZATION EXPIRES 180 DAYS AFTER IT IS SIGNED.**