



Cary Psychiatry  
1616 Evans Rd, St 105  
Cary, NC 27519  
Phone: 919-378-9761  
Fax: 919-234-0494

**Authorization for Release of Protected Health Information to Physician/Practice**

ALL INFORMATION BELOW MUST BE COMPLETED IN ORDER TO PROCESS

I give permission for Cary Psychiatry to:  Release To  Receive From

Name of Doctor/Practice/Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purpose of disclosure:  Coordination of Care  Change of Provider

Patient Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Information to be released: Mental Health and Medical Treatment records**

I authorize Cary Psychiatry (and staff members) to release the above designated information contained in my medical record. I understand that this may include treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS results, diagnosis and/or treatment.

I understand that this authorization may be revoked by me in writing only, at any time except to the extent that action has been taken thereon. I understand that the information released may be subject to re-disclosure by the recipient. This form will expire one year from the signature date below.

As a professional courtesy, no cost is assessed for information released directly to another healthcare provider/practice. For all other releases, such as information released to a third party processing service, reasonable fees will be billed to the third party requesting service in accordance with NC Statute 90-411 for copy and distribution information. If a patient is transferring care to another provider, all financial patient obligations must be met for processing.

Patients may not receive their own direct medical records due to medication management being conducted in the same session as psychotherapy notes. Psychotherapy notes are not covered under The Privacy Act, except in situations where “disclosures required by other law, such as for mandatory reporting of abuse, and mandatory “duty to warn” situations regarding threats of serious and imminent harm made by the patient (State laws vary as to whether such a warning is mandatory or permissible).” If direct medical information is requested, the office may provide specific clinical details (medications - history, trial/failure; diagnosis, etc.) in letter format. Please visit HHS.GOV for more information.

**Record Requests require a minimum of 5 business days, maximum of 11 business days to process.**

**Electronic Signatures are not accepted for this form.**

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