WWW.ALLERGICDISEASE.COM

Get Tested. Get Treated. Get Better.

PATIENT AUTHORIZATION FOR USE/DISCLOSURE OF HEALTHCARE INFORMATION

Patient's Name: ______________________________ Date of Birth: ______________

SSN: ____________________ PREVIOUS NAME: ____________________________

I request and authorize Allergic Disease and Asthma Center, PA to release healthcare information of the patients name above to:

Name: ____

Address: ____

City/State: __________________________________ Zip Code: ______________

Fax#: ______________________________

This request and authorization applies to:

___ Healthcare information relating to the following treatments, condition or dates of treatment: ____

___ All healthcare information.

___ Other: ____

This information will be disclosed for the following purposes: __________________________

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the practice's Privacy Contact. I know that revoking this authorization would not prohibit any release of information by Allergic Disease and Asthma Center, PA in reliance on my original authorization.

I understand that if the person or entity that receives the information is not a healthcare provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by the regulations.

If this authorization was given as a condition of obtaining insurance coverage, the insurance company has the right to contest a claim made under the insurance policy.

Signature of Patient/Representative: ____

Relationship if not patient signature: Parent ___, Legal Guardian ___, Other, ________________

This authorization expires on ______________, 20 ___ or _____ days after date signed.

BUTLER ROAD
1202 E. Butler Road
Greenville, SC 29607
PH: (864) 627-3800
Fax: (864) 672-2654

MEMORIAL MEDICAL
7 Memorial Medical Dr.
Greenville, SC 29605
PH: (864) 295-2492
Fax: (864) 295-2494

SPARTANBURG OFFICE
3020 Reidville Rd.
Spartanburg, SC 29301
PH: (864) 699-4870
Fax: (864) 699-4874