NCN NORTH CAROLINA NEPHROLOGY, P.A.

1-877-NCN-NCN9 (1-877-626-6269)

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: ____

First MI Last

Date of Birth: ____________________ Soc Sec #: ____________________

Physician Office Information:

Name: ____

Address: ____

City: ____________________ State: ________ Zip: ____________

Phone: ____________________ Fax: ____________________

This request and authorization applies to:

□ All healthcare information.

□ Healthcare information relating to the following treatment, conditions, or dates: ____________________

____

□ Other: ____

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

□ Yes □ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

□ Yes □ No I authorize the release of my records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

____ ____________________

Patient Signature Date

Dr. Michael Casey, Dr. Jason Eckel, Dr. William Fan, Dr. Akhil Hegde, Dr. Raymond Geherty, Dr. James Godwin, Dr. Anwar Al-Haidary, Dr. Jeffrey Hoggard, Dr. Racquel Holmes, Dr. So Yoon Jang, Dr. Pankaj Jawa, Dr. Dan Koenig, Dr. Kevin Lee, Dr. Sammy Moghazi, Dr. Rushi Nayak, Dr. Michael Oliverio, Dr. Sejan Patel, Dr. Eric Raasch, Dr. Joseph Ruberwa, Dr. Samsher Sonawane, Dr. Adam Stern, Dr. Kawan Swain, Dr. Phillip Timmons, Dr. Kyle Zoll