CONSENT FOR RELEASE FORM

Patient's name: _____ Date of Birth: _____

SSN: _____ Previous Name: _____

I understand that the patient's health information is private and confidential. I understand that **COASTAL CAROLINA INTERNAL MEDICINE, PA** works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

Under the terms of this consent, I ask **Coastal Carolina Internal Medicine, PA** to limit how the patient's personal health information is used or disclosed to carry out treatment, payment or health care operations. I understand that **Coastal Carolina Internal Medicine, PA** does not have to agree to my request. If **Coastal Carolina Internal Medicine, PA** does agree to my request, I understand that **Coastal Carolina Internal Medicine, PA** would follow the agreed limits.

I may cancel this consent in writing at any time by doing one of the following:

1) Signing and dating a form that **Coastal Carolina Internal Medicine, PA** can give me called "Revocation of Consent for Use and Disclosure of Health Care Information"; or

2) Writing, signing, and dating a letter to **Coastal Carolina Internal Medicine, PA**. If I write a letter, it must say that I want to revoke my consent to authorize the use and disclosure of the patient's personal health information for treatment, payment, and health care operations.

If I revoke this consent, **Coastal Carolina Internal Medicine, PA** does not have to provide any further health care services to me.

My signature below indicates that I have been given the chance to review a current copy of **Coastal Carolina Internal Medicine, PA** "Notice of Privacy Practices". My signature means that I agree to allow **Coastal Carolina Internal Medicine, PA** to use and disclose the patient's personal health information to carry out treatment, payment and health care operations.

_____ _____ _____

Patient or legally authorized individual signature Date Time

_____

Relationship to patient if signed by anyone other than patient