Michael Weizman, MD Jodi Schwab, MD Emily Diznoff, MD

Anne Irvine, MD Chris Irvine, MD Kyle Knowlson, MD

STANDARD AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

REQUESTED INFORMATION TO BE DISCLOSED:

- Last History & Physical
- Progress Notes from the last year
- Labs, Imaging, and other tests or studies from past five years
- All consultation notes

FOR THE PURPOSE OF CONTINUITY OF CARE, PERSONAL USE OR OTHER

DISCLOSED BY:

DISCLOSED TO:

Our Family Doctor

43 Oakland Rd. Asheville, NC 28801

f# (828) 252-2555 p# (828) 252-5711

I understand the information being released may include diagnosis of and prognosis about psychiatric and substance abuse disorders, stds, HIV infection and AIDS. My authorization will be valid until I revoke it in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal laws or regulations. A photocopy and/or facsimile of this authorization may be considered as valid as the original.

PRINTED PATIENT NAME DATE OF BIRTH

PATIENT OR GUARDIAN SIGNATURE DATE SIGNED

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