Cary Endocrine & Diabetes Center, P.A.
www.caryendocrine.com
Sung-Eun Yoo, M.D.
100 Parkway Office Court
Suite 112, Cary, NC 27518
P: 919-378-2332
F: 919-378-2333

Release of Medical Information

Patient's Name:	Date of Birth:
Former Name (if applicable):	Social Security #:

I request and authorize	CARY ENDOCRINE & DIABETES CENTER, P.A.
to release healthcare information (including demographic data) of the patient named above to:	
Name of Clinic/MD:	
☐ Fax To: ☐ Mail To:	

This request and authorization applies to:

☐ Clinic notes; ☐ Laboratory reports; ☐ Ultrasounds; ☐ Radiology reports	From Date:
☐ All Medical Records	
☐ Other:	

☐ Yes ☐ No	I authorize the release of HIV/AIDS testing and other communicable diseases. I understand that the person(s)/clinic 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 any records regarding drug, alcohol, or mental health treatment to the person(s)/clinic listed above.

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED UNLESS OTHERWISE SPECIFIED.

Unless I revoke this authorization, I wish it to expire on: _____ / _____ / _____.
(Date)

Patient Signature:		Date Signed:	
Parent/Guardian Signature:		Date Signed:	
Relationship to Patient:			