

Dr. Dan Cannon

6 Brooklet Street,  
Asheville, NC 28801



P: 828.250.0898  
F: 828.251.4671  
www.CannonFamilyHealth.com

## Medical Release of Information Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Any Previous Names: \_\_\_\_\_

I request and authorize \_\_\_\_\_ (Name of physician/Practice name)

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for Release: \_\_\_\_\_

To release the medical record of the above named patient to:

Cannon Family Health  
6 Brooklet Street  
Asheville, NC 28801

This request and authorization applies to: (initial appropriate line)

\_\_\_\_\_ Health Care information relating to the following treatment condition or dates of treatment:

\_\_\_\_\_ This information may contain x-ray reports, laboratory reports, EKG reports, other diagnostic reports, consults, \_\_\_\_\_ etc.

\_\_\_\_\_ All Health Care information **including** information relating to HIV/AIDS testing, sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use.

\_\_\_\_\_ All Health Care information **excluding** information relating to HIV/AIDS testing, sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use.

\_\_\_\_\_ I understand I have the right to revoke this authorization by providing a written request to the above named physician or organization. I understand that the revocation will not apply to information that has already been released.

\_\_\_\_\_  
Signature of patient or authorized representative (included relationship)

\_\_\_\_\_  
Date

Unless otherwise revoked this authorization will expire six months from the date signed. I understand that authorizing the disclosure of this health information is voluntary. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by confidentiality rules. If I have questions about disclosure of my health information I can contact Amanda Hager @ 828-250-0898 ext. 106.