Dr. Daniel Cannon
Dr. Gary Curran
Maggi Ormand, PA

Cannon Family Health

6 Brooklet Street
Asheville, NC 28801
P: 828.250.0898
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Medical Release of Information
Send Records To Cannon Family Health

Patient Name:_____ Date of Birth:_____

Social Security #:_____Any Previous Names: _____

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

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)**

_____ Specific 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.