

Maggie Thibodeau, ND

Cary Holistic Health, LLC

301 Ashville Avenue, Suite 111 Cary, NC 27518
(919) 858-1004 | fax (833) 730-1269 | CaryHolisticHealth.com

Authorization to Receive Medical Information

Patient's name: _____ DOB: _____

Address: _____ SSN: _____

At the request of the individual, I _____, do hereby authorize

Name of company/person: _____

Address: _____

Phone: _____ Fax: _____

To Release the Following:

- Progress Notes Labs
- Specialist Correspondence Radiology Reports
- Hospital Reports EKG
- Other _____

I do I do NOT authorize release of information related to AIDS or HIV Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

Release Information To:

Cary Holistic Health, LLC
301 Ashville Avenue, Suite 111 Cary, NC 27518
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Purpose of Disclosure:

Change of Doctor Other _____

This authorization shall be in effect until _____ at which time this authorization expires.

I understand I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation.

Signature of individual or guardian: _____ Date: _____