



Chart # \_\_\_\_\_

RALEIGH PLASTIC SURGERY  
*center*

Medical Privacy Authorization for Release Information

Raleigh Plastic Surgery Center takes our patient's privacy very seriously. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we can only discuss your health treatment and overall account information with you personally, or your legal guardian if a minor.

If you would like us to be able to discuss your health information with anyone else (i.e., spouse, children, significant other, or person responsible for providing care to you or financially responsible for your account, etc.) please list this person(s) below. If you wish to revoke this authorization in the future, you must notify us in writing.

We will not be able to discuss your case with anyone other than those you have indicated below:

NAME

RELATIONSHIP


This authorization will expire one year from the date of signature.

Printed Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_