Family Care
1413 Carpenter Fletcher Rd
Durham, NC 27713

Sabrina M. Mentock, MD
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OFFICE (919) 544-6461
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Request To Send Out Medical Records

I AUTHORIZE:

Family Care, PA
1413 Carpenter Fletcher Rd
Durham, NC 27713
appointments@familycarepa.com
Phone: 919-544-6461
Fax: 919-361-2487

TO RELEASE RECORDS TO:

Doctor: _____

Facility: _____

Phone: _____

Fax: _____

Check all that apply. If nothing fits your reason for transferring your records, please provide additional information in the "other" section. You may write in the margins, if necessary.

Reason For Release:

- ☐ Requesting My Own Records
- ☐ Transferring Records To A Specialist
- ☐ Transferring Records To A Hospital
- ☐ Transferring Records To A New PCP
- ☐ Other: _____

Records To Be Released:

- ☐ All Records
- ☐ Office Visits
- ☐ Physical Exams
- ☐ Imaging / Radiology / Lab Results
- ☐ Other: _____

Information NOT Authorized For Release:

- ☐ Alcohol / Drug Abuse Notes
- ☐ STD / HIV Results
- ☐ Mental Health Records
- ☐ Other: _____

I request that information about my healthcare and treatment be released as set forth on this form. This authorization covers all records that I have indicated above for release, and only those records. This authorization covers information related to alcohol and drug abuse, mental health treatment, and sexually transmitted diseases, unless otherwise indicated. I have the right to revoke this authorization at any time by signing a written statement. This authorization will expire 365 days after the date I have signed below, unless otherwise indicated. I understand that this authorization is voluntary. I understand that a charge may apply for these medical records and may be payable to the facility that is releasing the information under NC Statute 90-411.

Please complete the FOUR demographic details below for the specified patient indicated in this release.

1. Patient's Signature _____

3. Today's Date _____

2. Patient's Printed Name _____

4. Patient's Date of Birth _____

Optional: Expiration Date of Signed Release (Default is 365 days): _____ / _____ / _____