



<b>Black River Health Center</b> 109 West Church Street Atkinson, NC 28421 Ph: 910-283-7783 Fax: 910-283-7927	<b>Black River Family Practice</b> 301 S Campbell Street Burgaw, NC 28425 Ph: 910-259-5721 Fax: 910-259-8002	<b>Maple Hill Medical Center</b> 4811 NC Hwy 50 Maple Hill, NC 28454 Ph: 910-259-6444 Fax: 910-259-6659
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**INFORMATION RELEASE FORM**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last 4 of Social Security Number: XXX-XX-\_\_\_\_\_

I \_\_\_\_\_, give my permission to Black River Health Services, Inc to discuss the following information.

Discuss medical history, mental health history, financial information, and compliance of treatment with the following person(s):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

\_\_\_ No one, only myself.

Patient Initials: \_\_\_\_\_

I give my permission to the following person(s) to pick up prescriptions or other materials from Black River Health Services, Inc. for myself or legal dependents (children):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

\_\_\_ No one, only myself.

Patient Initials: \_\_\_\_\_

I give my permission to Black River Health Services, Inc. to:

- 1) Leave messages on my answering machine at home.       Yes    No
- 2) Leave messages on my cell phone.                               Yes    No

Patient Initials: \_\_\_\_\_



## INFORMATION RELEASE FORM

### **Right to Terminate or Revoke Authorization**

You may revoke or terminate this authorization by submitting a written revocation to Black River Family Practice-Burgaw, Black River Health Center-Atkinson, or Maple Hill Medical Center-Maple Hill. You should contact your primary office to terminate this authorization.

### **Potential for Re-Disclosure**

Protected Health Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may no be protected under the Federal Privacy Regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date