KINSTON HEAD & NECK PHYSICIANS & SURGEONS, P.A.

CHARLES B. BEASLEY, M.D., F.A.C.S.
BARBARA L. GOHEEN, M.D.
ROBERT H. HOSEA, M.D

KINSTON CLINIC NORTH
DOCTORS DRIVE
KINSTON, NC 28501
PHONE: (252) 523-0687
FAX: (252) 523-0255

Medical Information Release Form (HIPAA Release Form)

Name: ___________________________________ Date of Birth: ___/___/_____

Release of Information

[ ] I authorize the release of information including the diagnosis, records, financial obligations, examination rendered to me and claims information. This information may be released to:

[ ] Spouse: ____

[ ] Child (ren):____
____

[ ] Other: ____
____

[ ] Information is not to be released to anyone.

This *Release of Information* will remain in effect until terminated by me in writing.

Messages

Please call [ ] my home [ ] my work [ ] my cell number: _______________

If unable to reach me:

[ ] you may leave a detailed message.

[ ] please leave a message asking me to return your call.

____

Signed: ____ Date: ___/___/____

Witness: ____ Date: ___/___/____