

Alliance Medical Associates, PLLC

2905 Crouse Lane

Burlington, NC 27215

Phone: (336)538-2494 Fax: (336) 538-2497

Patient: _____ **Chart #:** _____

****Release of Protected Health Information Form****

Alliance Medical Associates, PLLC takes the necessary steps to protect your. We understand that sometimes you are unable to call regarding your health information. If you would like to allow someone other than yourself to call and request this information, please complete the below section. There are a maximum of FIVE (5) people who can request your protected health information. A few examples of this type of information may include *appointment information, billing questions, and questions regarding your medical condition.* You also have the right to refuse anyone other than yourself to obtain this information (*other than for reasons of payment, treatment and healthcare operations as outlined in the privacy notice.*)

I authorize the following people to have access to my protected health information.

(Please print)

Name	Relationship to Patient

____ I do not want anyone, other than me, to have access to my protected health information.

PATIENT'S SIGNATURE

DATE