



Durham Office
209 East Carver Street
Durham, NC 27704
919-471-2273 phone
919-479-0884 fax

Brier Creek Office
7780 Brier Creek Pkwy
Suite 330
Raleigh, NC 27617
919-914-9000 phone
919-794-8733 fax

Authorization for Disclosure of Medical Information

Patient Name: _____

Date of Birth: _____

SS# _____

I authorize Durham Women's Clinic to

- Obtain From
- Release To

Name of Provider _____

Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Records to be released/obtained _____

Duration of Authorization: this authorization will expire on the following date _____. If no date is specified, this authorization will expire 1 year from date signed. The authorization may be revoked at any time provided the revocation is a properly executed document and delivered to Durham Women's Clinic at the above address. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal regulations.

Signature of Patient _____ Date _____