

# ASSOCIATED UROLOGISTS OF NORTH CAROLINA, PA

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## MEDICAL RECORDS RELEASE

**Request/Release statement please check one:**

- I request Associated Urologists of North Carolina to release my medical records directly to me. I understand there is a \$ 35.00 processing fee due upon receipt of my records.
- I authorize Associated Urologists of North Carolina to release my medical records to the medical provider or clinic named below. (As a professional courtesy, the processing fee is waived when medical records are provided to a physician office directly.)

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PRINT NAME of Patient or Legal Guardian

SIGNATURE of Patient or Legal Guardian

DATE

### Patient Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DAYTIME PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### Delivery Information

- I prefer to pick up my medical records at my AUNC provider's office. I understand that a photo ID is required to pick up medical records and that, unless other arrangements have been made with our medical records clerk, only the patient can pick up his or her medical records.
- Please fax or mail my records to the following medical provider or clinic.

PROVIDER OR CLINIC NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

REQUESTS WILL BE PROCESSED WITHIN 5 TO 7 BUSINESS DAY. PATIENTS PICKING UP THEIR RECORDS WILL BE NOTIFIED WHEN THE RECORDS ARE READY.