

# Authorization for Release of Information – Compound Release

Pantops Family Medicine, A Division of Anchor Healthcare, PLC

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Ph. 434-979-4440 Fax 434-979-4441

Name of Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Pantops Family Medicine is authorized to release protected health information about the above named patient in the following manner and to persons listed.

The following individual(s) have my permission to receive/discuss my personal health information:

1. \_\_\_\_\_  
Name Relationship Phone Number

2. \_\_\_\_\_  
Name Relationship Phone Number

3. \_\_\_\_\_  
Name Relationship Phone Number

I **do not** give my permission for my protected health information to be released.

## Patient Rights:

- I have the right to revoke this authorization at any time.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.

The information is released at the patient's request and this authorization will remain in effect until revoked by the patient.

\_\_\_\_\_  
Signature of Patient or Personal Representative Date \_\_\_\_\_

\*Description of Personal Representative's Authority (attach necessary documentation)

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