

# Carolina Arthritis Center

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## Patient Information Release Form

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We are not able to leave medical information with persons other than the patient unless the patient gives express written permission.

The Patient Consent Form allows us to disclose information for treatment, payment, and health care operations, while this form is to allow disclosure to other persons and remain in compliance with HIPPA regulations.

Date: \_\_\_\_\_

I \_\_\_\_\_ give CAC employees permission to discuss my care,  
Patient Name  
including but not limited to lab results and follow up appointments, with :

Spouse: \_\_\_\_\_  
Name

Parent: \_\_\_\_\_  
Name

Children: \_\_\_\_\_  
Name

Other: \_\_\_\_\_  
Name

Other: \_\_\_\_\_  
Name

Answer Machine / VoiceMail: \_\_\_\_\_ (yes / no)

Signature: \_\_\_\_\_  
Patient Name or Representative

Relationship to Patient ( if other than Patient): \_\_\_\_\_