



Palmetto Adult and Children's Urology

2890 Tricom Street
North Charleston, SC 29406
Telephone: 843/797-6600
Fax: 843/820-1440

104-C Morgan Place
Summerville, SC 29485
Telephone: 843/879-9163
Fax: 843/879-9952

302 Medical Park, Ste 207
Walterboro, SC 29488
Telephone: 843/549-7122
Fax: 843/549-3257

Nelson R. Ploch, MD

Theodore E. Brisson, MD

S. Walker Nickles, MD

Georgia Anderson, PA-C

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name: _____

DOB: _____

Previous Name: _____

Account# _____

I. My Authorization

You may use or disclose the following health care information (check all that apply):

- All my health information maintained by _____
 - Include: Alcohol/Drug Treatment Records HIV/AIDS Records Mental Health Records
- My health information relating to the following treatment or condition: _____
- My health information for the date(s): _____
- Pathology Slides (slides are to be returned to our office within 6 months)
- Other: _____

You may disclose this health insurance information to:

- Palmetto Adult & Children's Urology: 2890 Tricom St, N Charleston, SC 29406, ph: 843-797-6600, fax: 843-820-1440

Name (or title) and organization : _____ Ph: _____ Fax: _____

Address: _____ City: _____ SC: _____ Zip: _____

Reason(s) for this authorization (check all that apply):

- At my request
- Second opinion
- Research
- Other (specify) _____

This authorization ends:

- Six months from date of this document, or on the following date _____
- When the following event occurs _____
- Indefinite (for research only)

II. My Rights

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign authorization form:

- To take part in a research study; or
- To receive health care when the purpose is to create health information for a third party.

I understand this authorization may be revoked at any time. The revocation must be in writing, signed by you or your patient representative. The revocation will take effect when Palmetto Adult and Children's Urology received written and signed notification. Once the office disclosed health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Patient or legally authorized individual signature

Date

Printed name, if signed on behalf of patient

Relationship to patient