LAUREL ENDOCRINE & Thyroid Specialists, PA

1740 St. Julian Place Columbia, SC 29204
Phone: 803-256-3534 Fax: 803-254-7032

MD · ERIC HORST, MD · MARJAN KAREGAR, MD · LAURA LABOONE, MD
JANELLE HINSON, PA-C · MEREDITH EVERETT, FNP – GINA MCKELVEY, FNP

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____

Date of Birth: _____

I hereby authorize the use of my individual identifiable health information as described below. I understand that this authorization is voluntary. Furthermore, I understand that the released information may no longer be protected by federal privacy regulations.

Medical Care ☐ Legal Representation ☐ Other (specify) ☐

Requesting Information From:

Laurel Endocrine and Thyroid Specialists
1740 St. Julian Place
Columbia, SC 29204
Ph 803-256-3534
Fax 803-254-7032 or 803-771-9930

Sending Information to:

_____
_____
_____
_____
_____

Type of Information Requested:

_____

_____

_____

I understand that I have the right to revoke this authorization at any time. I must revoke this authorization in writing to the privacy officer of this practice. If I revoke this authorization, I understand that the revocation will not apply to information that has already been released. Unless otherwise revoked, this authorization expires upon fulfillment and delivery of information requested.

_____ _____

Signature of Patient/Legal Representative Date