TD	UKE RALEIGH HOSPITAI	<u>`</u> *	Patient Name:
f mail	ling this form, please send to:		Medical Record Number:
Duke	Raleigh Hospital		
	ealth Information Management Wake Forest Road	Fax: (919) 954-3716	Date of Birth
	gh, N.C. 27609	Phone: (919) 954-3150	Social Security Number:
autho	orize and request Duke Raleigh Hospi	ital (a component of the Duke University	/ Health System) OR
		_ to release information from the media	cal records of the Patient listed above to: (Name of
erson/	Physician/Organization)		
	(P	Person/Physician/Entity TO RECEIVE records-p	lease be specific)
o be r	mailed to:	(Address)	
		(Address)	
NFC	DRMATION TO BE DISCLOSE	ED (check the appropriate boxes and inc	lude other information where indicated):
NFC	DRMATION TO BE DISCLOSE Summary Health Information Includes Discharge Summary, History a	ED (check the appropriate boxes and inc nd Physical, Radiology, Pathology, Labora	lude other information where indicated): ntory, and Dictated notes)
NFC S	DRMATION TO BE DISCLOSE Summary Health Information Includes Discharge Summary, History a History & Physical (e.g. doctor vi	ED (check the appropriate boxes and inc nd Physical, Radiology, Pathology, Labora	lude other information where indicated):
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 Date
 Signature of Patient** or Legal Representative**
 Signature of Witness

 **If the Patient is under 18 years of age, unless the Patient is an emancipated minor, this Authorization (and any revocation) must be signed by a parent, guardian, or other person acting in loco parentis who has the authority to act on the minor-Patient's behalf. By signing this form for someone else, you as the parent, guardian, a party acting in loco parentis, or legal representative warrant that you have the legal authority to act on the Patient's behalf and that you am not prohibited by Court Order from having access to the requested medical records.

 * Several components and sites of Duke University, the Duke University Health System, and the Private Diagnostic Clinic, PLLC maintain <u>separate</u> medical records (e.g., student health, primary care, community PDC practices, etc.) that are <u>not</u> electronically linked and therefore <u>not</u> covered by this Authorization. If applicable, please contact those components / sites for additional medical records.