Coastal Thoracic Surgical Associates

Affiliated with New Hanover Regional Medical Center

Dr. Ivan David, M.D.
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Dr. Howard F. Marks, Jr., M.D.

PATIENT AUTHORIZATION FORM

Patient Authorization for Use and Disclosure of Protected Health Information

I understand that this form is completely optional and that by signing this authorization, I authorize Coastal Thoracic Surgical Associates to use and disclose certain protected health information (PHI) about me to: (example: spouse, friend, job, etc.)

This identifiable health information about me (specifically describe the information to be used or disclosed, such as dates or services, types of service, level of detail to be released, origin of information, etc.):

The information will be used or disclosed for the following purposes: continuing medical treatment, disability, insurance claims or if requested by the patient, purpose may be listed as at "the request of the individual".

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on 12/31/2020 unless I notify Coastal Thoracic Surgical Associates in writing before that time.

The practice will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

I do not have to sign this authorization in order to receive treatment from Coastal Thoracic Surgical Associates. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosures by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer, Susan Clayton at 1912 Tradd Court, Wilmington, NC 28401.

Patient's Signature Date

Patient's Representative's Signature (If patient is a minor or unable to sign)

Please print and complete this form. Bring it to your appointment or fax it to us at 910.251.3760.