

# Carolina Conceptions, PA

Grace Couchman, MD  
Bill Meyer, MD  
John Park, MD  
Meaghan Bowling, MD

2601 Lake Drive, Suite 301  
Raleigh, NC 27607  
(919) 782-5911 Office  
(919) 861-6400 Fax

## Consent to Release Medical Records

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Records #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please retrieve my records from:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please release my records to:

Carolina Conceptions  
2601 Lake Drive, Suite 301  
Raleigh, NC 27607  
(919) 782-5911 Office  
(919) 861-6400 Fax

Reason for Release: \_\_\_\_\_

Send All of My Records  Send Pathology Reports ONLY

Send Records from Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This release includes all protected health information and shall remain in effect for 180 days unless written authorization is received requesting otherwise.*

Patient Signature: \_\_\_\_\_