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

Today's Date: _____/_____/_____ **Medical Records Number:_____**

Patient Name: _____ **Date of Birth: _____/_____/_____**

From: Carolina Conceptions – Medical Records

Please Indicate the Address to which you would like your records sent.

Practice Name:_____

Address:_____

City:_____ **State:_____** **Zip Code:_____**

Phone:_____ **Fax:_____**

Reason for Release: _____

_____ Send my entire medical records ($.25/page) _____ Send Pathology Reports ONLY

_____ Send Records related to current pregnancy to OB for continuation of care (N/C)

_____ 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. Please allow up to 2 weeks for records transfer.

Patient Signature:_____