Associated Medical Specialists, PA

d/b/a Coastal Cancer Center

8121 Rourk Street Myrtle Beach, SC 29572

Phone: (843) 848-7001 NEW PATIENT REPRESENTATIVE Fax: (843) 234-2729

Authorization to RECEIVE Personal Health Information

Patient Name: _____ Phone Number: _____

DOB: _____ Chart number: _____

Physician/Facility to **release** information:
Name: _____

Address: _____

_____

_____

Phone No.: _____

Fax No.: _____

Email Address *: _____

Physician office to **receive** information:
Name: Coastal Cancer Center

Address: 8121 Rourk Street

Myrtle Beach SC, 29572

Phone No.: (843) 848-7001

Fax No.: (843) 234-2729

1. The date of service and protected health information requested (describe) is:***** _____

_____

2. The Reason/Use for the information request is: _____

3. The use or disclosure of this information will result in direct or indirect remuneration to Coastal Cancer Center from a third party. **YES** _____ **NO** _____

Rights of the Patient:

- I have the right to revoke this authorization at any time.
- I may inspect or copy the protected health information to be disclosed as described in this document.
- Revocation is not effective in cases where the information has already been disclosed but will be effective going forward.
- Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. Any information received by this office for our own use will continue to be protected under federal law.
- I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing.
- This authorization shall be in effect until revoked by the patient or patient's representative.

I understand that released information may include a communicable disease diagnosis such as HIV.

*I understand that PHI sent via email is **not** encrypted and I am still requesting it be emailed.

_____ Date _____

Signature of Patient or Personal Representative

_____ Date _____

Received by (Coastal Cancer Center)