

HIPAA Patient Privacy Form

Carolina Surgery & Cancer Center

1501 Tate Blvd SE, Suite 202

Hickory, NC 28602

828-485-2707/828-485-2708 fax

I, _____ hereby authorize

CAROLINA SURGERY & Cancer Center (Dr. T. Fridley, Dr. B. McCluer, & Dr. S. Pabst) and staff to give the following people information concerning my health, treatment, appointments, billing, and/or insurance information.

_____ **PLEASE CHECK IF MESSAGES MAY BE LEFT**

I understand that I may terminate this consent at any time by giving written notice to CAROLINA SURGERY & CANCER CENTER. Any changes to this form will require a new consent form to be completed, signed and dated:

Signed: _____ Date: _____

(Patient/Parent/Legal Guardian)

Witness: _____ Date: _____