CAROLINA SURGERY & CANCER CENTER, PLLC

advanced personal care close to home

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. R. Locke , Dr. B. McCluer & Dr. S. Pabst) and staff to give the following people information concerning my health, treatment, appointments, billing, and/or insurance information.

_____

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_____**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: _____