**TRIANGLE COMMUNITY PHYSICIANS, PA**
4309 MEDICAL PARK DRIVE, SUITE 200
DURHAM, NC 27704
Phone: 919-471-4484
Secure Fax: 919-477-6131

Patient name:_____

TCP MR#:_____

Date of Birth:_____

☐ John A. Kallianos, MD ☐ Kombiz P. Klein, DO ☐ Sara Hardy, FNP ☐ Chelsea Johnson, PA ☐ Lucy Sepic, PA

I Authorize Triangle Community Physicians, PA to ☐ obtain from ☐ release to:

_____
Name of Provider/Facility

_____
Address

_____ _____
City State Zip Code

_____ _____
(area code) Telephone Number (area code) Fax number

**DATE OF SERVICE:** ☐ ALL or ☐ Specific time frame: _____

**INFORMATION TO BE RELEASED/OBTAINED (check the appropriate box)**

☐ Complete medical record
☐ Office visit note(s)
☐ Consultation note(s)
☐ Operative note/procedure note
☐ Other_____
☐ Laboratory reports
☐ Radiology reports
☐ Stress test
☐ EKG tracing
☐ Immunization Records
☐ Growth Curves
☐ Colonoscopy/EGD with Pathology
☐ Psychiatric/psychological consultation(s)

**PURPOSE OF THIS RELEASE: (Check the appropriate box)**

☐ Transfer care to another practice
☐ Sharing information with other physicians/health-care entities
☐ Insurance processing
☐ Legal
☐ Personal Use
☐ Other: _____

Please note the information contained in the patient's medical record MAY contain information relating to psychiatric/psychological diagnosis, HIV status, AIDS, alcohol use/abuse, drug use/abuse, and/or genetic testing.

**DURATION OF AUTHORIZATION:**
This Authorization will expire on the following date or time frame: _____ . If no date is specified, this Authorization will expire 1 year from the date signed. This Authorization may be revoked at any time provided the revocation is a properly executed document and delivered to the Triangle Community Physicians, PA practice site. Such revocation shall not affect disclosures prior revocation to the extent that this authorization will be relied upon for such disclosures made prior to the revocation

_____ _____
Signature of patient or Legal representative Date

_____ _____
Patient's current address Patient current telephone #