SCOTT LURIE, M.D., P.A.

1808 E 7th St. Charlotte NC 28204

Phone 704-376-6577 Fax 704-335-8941

Patient Address: Patient Date of Birth: SSN: I hereby authorize Scott Lurie M.D., P.A. to release (check one): All Medical Records Other from my medical records to Mame of organization or person: Address: City State Zip Code Telephone: Fax Purpose for Release: Coordination of Treatment Other I hereby authorize to release the following to Scott Lurie, M.I. All Medical Records Other Purpose for Release: Coordination of Treatment Other I hereby authorize Loordination of Treatment Other I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose. I further understand that any exclon taken on the authorization prior to the rescinded date is legal and bir action will not be effective to the extent that action has been taken in reliance or the authorization, nor if the authorization will not be effective to the extent that action has been taken in reliance or the authorization may not be be authorization will not be effective to the extent that action has been taken in reliance or the authorization may not be protect form re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abustherwise provided for by state or federal Law I understand that my psychiatrist generally may not conditionally accompany between the protect of the parties or federal may not re-disclosure by the requester of the information; however, if this information without my further written authorization unless otherwise provided for by state or federal and I understand that my psychiatrist generally may not conditionally accompany by an authorization unless the psychological services are provided to me for the purpose of creating health increase understand that if my records contains information relating to HIV Infection, AIDS, or AIDS related conditions, alcohol/drug understand that in my records contains information and that my refusal to sigh will not affect my ability to obta	PatientNamor	
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