

Triangle Gastroenterology, P.L.L.C.

Advanced Directives

Do you have an Advanced Directive, Living Will or Healthcare Power of Attorney? Yes _____ No _____
If you answered "yes", please consider providing us with a copy for your chart.

If you do not have an advanced directive, living will or healthcare power of attorney and want one a very user friendly one is available from www.caringinfo.org. Simply click on the "Download Your State Specific Advance Directive" link and find your home state.

The North Carolina form is here: http://www.caringinfo.org/files/public/ad/NorthCarolina.pdf.

Compound Authorization for Release of Information

Name of Patient: _____ Date of Birth _____

Triangle Gastroenterology is authorized to release protected health information about the above patient or others in keeping with the patients' instructions.

Table with 2 columns: Entity to Receive Information and Description of Information to be released. Includes checkboxes for various entities and information types like lab tests, appointments, and family billing.

Rights of the Patient

I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in this document by sending a written notification Triangle Gastroenterology.

I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward.

I understand that information used or disclosed because of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that 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.

Date _____

Signature of Patient or Personal Representative

Description of Personal Representative's Authority (attach necessary documentation)