



11635 Northpark Drive, Suite 250

Wake Forest, NC 27587-6298

Phone: 919.825.4637

Fax: 919.562.0444

[info@wakeforest-personalized-hemonc.com](mailto:info@wakeforest-personalized-hemonc.com)

[www.wakeforest-personalized-hemonc.com](http://www.wakeforest-personalized-hemonc.com)

**AUTHORIZATION FOR RELEASE OF HEALTH/PATIENT INFORMATION**

(Over 20 pages, please mail)

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**The above named person must indicate when this authorization is to expire:**

- When Information is Received
- In Six Months
- In One Year
- In Three Years
- On Specified Date \_\_\_\_\_

**The person named above is or has been a patient of:**

Personalized Hematology-Oncology of Wake Forest, PLLC  
Dr. Francisco A. Castillos III, MD  
11635 Northpark Drive, Suite 250  
Wake Forest, NC 27587-6298  
(919) 825-4637 office  
(919) 562-0444 fax

**The person named above hereby authorizes Dr. Francisco A. Castillos III, MD to**

- Request health/patient information from
- Discuss health/patient information with
- Send health/patient information to

**From representatives of the following:**

Name of Person/Provider/Facility \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

**Scope:**

- All information regarding assessment, diagnosis and treatment of patient's condition, concern or disease (specify):  
\_\_\_\_\_  
\_\_\_\_\_
- All information regarding care received by patient between the dates of:  
\_\_\_\_\_ and \_\_\_\_\_  
Start Date End Date
- Other information (specify):  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization:**

Printed Name of Patient or Authorized Representative \_\_\_\_\_

Signature of Patient or Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_

**If not signed by the patient, indicate relationship of authorizing person to patient:**

- Parent or guardian of minor child
- Guardian or conservator of conserved patient
- Beneficiary or personal representative of a deceased individual