



160 MacGregor Pines Drive, Suite 205
Cary, North Carolina 27511
(919) 851-5482 Fax (919) 851-4018

2800 Blue Ridge Road, Suite 405
Raleigh, North Carolina 27607
(919) 851-5482 Fax (919) 881-0752

AUTHORIZATION TO RELEASE **MEDICAL INFORMATION**

(Please be advised that our staff cannot speak with anyone that is not listed on this form.
This includes spouses, children and caregivers.)

I am authorizing the personnel at North Carolina Urological Associates to leave medical information, including appointment times and test results, with others if I am not available.

_____ I do not wish to have my information released to anyone besides myself.

OR

_____ I authorize that my information can be left with my spouse/significant other.

Name of person _____

_____ I authorize that my information can be left on my answering machine.

_____ I authorize that my information can be left on my voicemail.

_____ Other: I authorize that my information can be left:

_____/_____
Name Relationship

_____/_____
Name Relationship

Signature: _____ Date: _____

Marc D. Benevides, M.D.
Douglas C. Leet, M.D.

Brian C. Bennett, M.D.
Stephen F. Shaban, M.D.

Timothy P. Bukowski, M.D., FAAP, FACS
Barbara A. Reynolds, FNP-BC