

**Blue Ridge Radiology Associates, P.A.
201 East Parker Road
Morganton, N.C. 28655
(828)433-1235 (828)433-1992**

By signing this authorization, I authorize Blue Ridge Radiology Associates, P.A. to use and/or disclose certain protected health information (PHI) about me to or for the party or parties listed below.

This authorization permits Blue Ridge Radiology Associates, P.A. to use or disclose to _____ the following individually identified health information. _____

When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Blue Ridge Radiology Associates, P.A. has acted in reliance upon this authorization. My written revocation must be submitted to Blue Ridge Radiology's Privacy Officer at (201 East Parker Road, Morganton NC 28655).

Signature of Patient or Legal Guardian

Relationship to Patient

Patient's Name

Date of Birth

Date