MedPro Rx™
A DIPLOMAT® COMPANY

MedPro Rx, Inc.
140 Northway Court
Raleigh, North Carolina 27615
Phone: 888/571-3100 Fax: 800/582-9315

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

I authorize MedPro Rx, Inc. to disclose Protected Health Information for:

Patient's Name ________________________________

Address ________________________________

City/State/Zip ________________________________

Date of Birth ____________________

Protected Health Information is to be disclosed to:

1. ________________________
2. ________________________
3. ________________________
4. ________________________
5. ________________________

I authorize MedPro Rx, Inc to disclose the following Protected Health Information:

☐ ALL requested information

☐ ______________________________

☐ ______________________________

This authorization expires: ________________________
(If no date is provided, this authorization will expire upon discontinuation of service with MedPro Rx, Inc.)

I understand that I may revoke this authorization at any time by sending written notice to the address above

Patient's Signature____ Date ___________

Responsible Party Signature _________________________________ Date ___________