Digestive Specialists, P.A.

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AUTHORIZATION FOR DISCLOSURE OF CONFIDENTAL INFORMATION

Patient Name: _____

Address: _____
Mailing Address City State Zip Code

Date of Birth: _____/_____/_____ **Social Security #:** _____--_____--_____

AUTHORIZES: DIGESTIVE SPECIALISTS, P.A.
To release the following information to:

Name of Person/Facility: _____
(If you are requesting records for yourself, write *your name* on the line above)

Address: _____
Mailing Address City State Zip Code

☐ **Progress Notes** ☐ **Operative Reports** ☐ **Lab Reports** ☐ **X-Ray Reports**
☐ **Pathology Reports** ☐ **HIV Test Results** ☐ **Other (please specify)** _____

Records of care from the following dates: _____ to _____
(If no specific date(s) needed, write "ALL" on line above)

Please check an option below: **NOTE:** ***We are unable to email records***
_____ **Mail** _____ **Fax –> Fax #:**_____-_____-_____ _____ **Pick up at office**

Purpose of Disclosure: ☐ **Medical Care** ☐ **Insurance** ☐ **Attorney** ☐ **Other (please specify)** _____

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on it and that in any event this authorization shall ☐ **Not Expire**; or shall expire in ☐ **180 Days** from the date of my signature, unless specified in writing here. (**Please choose one of the above**)

_____
Patient's Signature

To The Party Receiving This Information:
I, the undersigned, have read the above and authorize the person or facility noted above to disclose such information as herein contained. I understand that when this information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named facility or Physician from all liability and damages resulting from the lawless release of my Protected Health Information.

_____ _____
Patient's Signature **Witness**
_____/_____/_____ _____/_____/_____
Date **Date**

*** OFFICE USE ONLY *** **Records were sent by** ☐ **Mail** ☐ **Fax** ☐ **Picked Up on** _____
(Initials and Date)