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Gastroenterology Consultants P.C.

www.atlgastrospec.com

Authorization to Release Medical Records

Patient Name:

Previous Name (if applicable)

Date of Birth SSN#

Send records to: Gastroenterology Consultants P.C. Attention: Patient Records 4395 Johns Creek Parkway, Suite 130 Suwanee, Georgia 30024 Fax: 678-957-0047

Specific Description of Information – indicate treatment dates for each requested item

- Office Notes, Lab Reports, Proc Reports, Radiology Reports, Pathology Reports, Entire Record

The information described above will be used or disclosed for the following purpose(s): Continuity of care, Moving, Transfer of care, Disability determination, Insurance, Patient's copy, Attorney request, Other

To be completed by the patient or personal representative:

I hereby authorize the use or disclosure of my protected health information as described above. I understand that this authorization is voluntary. I understand that the ability to obtain treatment will not be affected if I do not sign this form, unless that treatment is for a fitness-for-duty evaluation or a records-related treatment. I understand that if the organization authorized to receive the information is not required to comply with the federal privacy protection regulations then such information may be re-disclosed and will no longer be protected. I understand that I have a right to revoke this authorization by sending written notification to: Gastroenterology Consultants P.C., 6335 Hospital Parkway, Suite 208, Johns Creek, Georgia 30097. Any revocation will not affect disclosures made prior to Gastroenterology Consultants P.C. receipt of knowledge of the revocation.

I understand that I have a right to inspect and receive a copy of the information described on this form. I certify that I have received a copy of this authorization.

Signature of patient or patient's rep Printed name of patient's representative Relationship to patient

Date:

Expiration date of authorization: (unless otherwise noted, this authorization will expire 12 months from the date of signature)