



Byrd S. Leavell, Jr., M.D.
Michael J. Oblinger, M.D.
Daniel J. Pambianco, M.D.
David H. Balaban, M.D.
Diego A. Gomez, M.D.

Lynn Valentine, FNP
Amy E. McDonnell, FNP
Donna H. Smith, FNP
Catherine Easter, FNP

CONSENT FOR RELEASE OF MEDICAL INFORMATION

Patient Name Date of Birth _____

Information to be released from:

Name/Agency _____

Address _____

Phone _____ Fax _____

Information to be released to:

Name/Agency _____

Address _____

Phone _____ Fax _____

Please send the entire medical record (all information) Colonoscopy/Pathology reports only

Laboratory reports Clinician office chart notes Diagnostic imaging reports

Billing statements

Other (specify) _____

I understand that information to be released may, unless noted above, include information regarding drug abuse, alcohol abuse, psychological or psychiatric impairments, HIV and/or AIDS, or physical conditions. If information pertaining to drug or alcohol abuse or treatment of the same has been disclosed, it has been done so from records protected by Federal confidentiality rules (45 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 42 CFR Part 2. A general authorization for the release of medical or other information to criminally investigate or prosecute any alcohol or drug abuse patient.

I certify this authorization is made voluntarily. I understand that the information to be released is protected under state and federal laws and cannot be re-disclosed without my further written consent unless provided for by state and federal law. A copy may be accepted by the healthcare facility in lieu of the original.

I understand I may revoke this authorization at any time, except to the extent that action has already been taken. If not previously revoked, this consent will expire one year from the date of signature.

Signature of Individual or Individual's Legal Representative Date _____

Print Name of Legal Representative (if applicable) Relationship of Legal Representative to Individual _____

CGA Chart Number _____