



**AUTHORIZATION FOR USE & DISCLOSURE OF HEALTH INFORMATION**

4760 UNION DEPOSIT ROAD, SUITE # 100 ♦ HARRISBURG, PA ♦ 17111

P: 717-545-9811 ♦ F: 717-545-1873

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

I AUTHORIZE: **HARRISBURG GASTROENTEROLOGY, LTD.**, to release my medical records to:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

- Please Check All That Apply:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Complete Medical Record | <input type="checkbox"/> Office Visit Notes       |  |
| <input type="checkbox"/> Discharge Summary       | <input type="checkbox"/> Inpatient Progress Notes | <input type="checkbox"/> Emergency Records |
| <input type="checkbox"/> Consultation Reports    | <input type="checkbox"/> History & Physical       | <input type="checkbox"/> Operative Reports |
| <input type="checkbox"/> Laboratory Testing      | <input type="checkbox"/> Radiology Testing        | <input type="checkbox"/> Pathology Reports |
| <input type="checkbox"/> Other: _____            |   |  |

Please Also Include the Following Restricted-Access Data:

- HIV Test Results     Behavioral Health     Genetic Testing

Reason(s) For Requested Health Information / Please Check All That Apply:

- Personal Use     Continuity of Care     Other: \_\_\_\_\_

➤ By signing below, I certify and acknowledge that I have read and understand the terms of agreement within this authorization for use and disclosure of my health information.

X \_\_\_\_\_  
(Printed Name of Patient / Or Personal Representative or Guardian)

X \_\_\_\_\_  
(Signature of Patient / Or Personal Representative or Guardian)

Date: \_\_\_\_\_

**EXPIRATION:** This authorization shall become effective immediately upon signing, and shall remain in effect for 12 months from the signed date, unless otherwise revoked. Revocation must be submitted in writing, signed by the patient / or personal representative or guardian of the patient, and delivered to: HARRISBURG GASTROENTEROLOGY, LTD., at 4760 UNION DEPOSIT RD SUITE #100, HARRISBURG, PA 17111.