

GI Associates of Maryland, PA

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HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

PRINT PATIENT'S FULL NAME

PATIENT'S DATE OF BIRTH

PATIENT'S STREET ADDRESS

CITY, STATE, ZIP CODE

PATIENT'S PHONE NUMBER

ALTERNATE PHONE NUMBER

I, _____, do hereby authorize GI Associates of Maryland, PA to release:

- ALL DATES OR SPECIFIC DATES FROM _____ TO _____
- ALL RECORDS GI ASSOC. OFFICE NOTES HOSPITAL DISCHARGE SUMMARIES
- RADIOLOGY REPORTS PATHOLOGY REPORTS LABORATORY REPORTS
- HISTORY & PHYSICAL OPERATIVE NOTES EKG

PURPOSE OF DISCLOSURE (PLACE AN X):

- REFERRAL TO SPECIALIST INSURANCE REQUEST WORKERS COMP REQUEST
- LEGAL REQUEST DISABILITY REQUEST PERSONAL REQUEST
- CHANGE OF DOCTOR CONTINUING CARE

AUTHORIZE RELEASE OF INFORMATION TO / FROM (CIRCLE ONE)

Name of Company/Agency/Facility/Person

Street Address

City, State, Zip

I hereby authorize disclosure of the health information for the above-named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is authorized is furnished may not condition its treatment of me on whether or not I sign this authorization.

I hereby understand that by signing this form I am giving authorization to release information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) Infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

SIGNATURE OF PATIENT /GUARDIAN OR
PERSONAL REPRESENTATIVE OF PATIENT'S ESTATE

DATE

*****COPIES OF YOUR PROTECTED HEALTH INFORMATION MAY BE CHARGED A FEE BASED ON MARYLAND HEALTH GENERAL ARTICLE §4-304 (C)(3) AND HIPAA GUIDELINES*****