Comprehensive GI Care
4772 Katella Avenue Suite 200, Los Alamitos
Phone: (562) 596-5552
Fax: (562) 596-5340

HIPAA- Compliant
Request of the Release of Medical Records

Person(s) Authorized to Disclose Information
Information described above may be disclosed to:

_____

_____

_____

Person(s) to Whom Information Will Be Disclosed
Information described above may be disclosed to:

_____

_____

_____

Information to Be Used or Disclosed
The information covered by this authorization includes:

_____

_____

Purposes of Disclosure
Information listed above will be disclosed for the following purposes:

_____

_____

Expiration Date of Authorization
This authorization is effective through ____/____/____ unless revoked or terminated earlier by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization
You may revoke or terminate this authorization by submitting a written revocation to the practice. You should contact the Privacy Officer at 4772 Katella Ave. Suite 200 Los Alamitos, California 90720.

Potential for Re-disclosure
Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent.

Rights of the Individual
- You may inspect or copy information used or disclosed under this authorization.
- You may refuse to sign this authorization

Effect of Refusing Authorization
If you refuse to sign this authorization, the Practice will not deny any treatment except research-related treatment or treatment that you have requested for the purpose of disclosure of others, including:

_____

_____

_____ _____

Name of Patient (Print) **Signature of Patient**

_____ _____

Date of Birth Social Security Number

_____ _____

Witness Witness Signature

_____ _____

Patient Representative/Relationship
(Only for patients who is a minor or unable to sign)

Signature of Patient Representative

_____

Date