



Digestive Specialists, Inc.

www.digestivespecialists.com

Phone: (937) 534-7330

Fax: (937) 297-2203

Authorization for Release of Medical Information

I hereby authorize disclosure of medical information between the following parties, without limitations, including any information concerning treatment, i.e., medical/surgical, psych, alcohol and drug related, or HIV/AIDS.

From:

To:

I direct that all information obtained in association with this release be held in a strict confidence by the recipient and further direct that it is not further disclosed without my specific written authorization. I understand this consent shall remain in effect for 1 year for med/surg/psych/HIV patients from the date of my signature below, unless I specify an earlier date in this space _____. I understand, also, that except to the extent that action has been taken on my expiration, I may withdraw this authorization at any time by written notification to all parties involved.

Information/Reports Requested - Check Specific Areas to be Released

- | | | |
|---|---|--|
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Physician Orders |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> HIV/ARC/AIDS | <input type="checkbox"/> Therapy Notes |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Drug/Alcohol Related | <input type="checkbox"/> Emergency Treatment |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Other – please specify: |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Physician Progress Notes | _____ |

Patient Information:

Patient Name (at time of treatment)

Date of Birth

Social Security Number

Treatment Dates (specify inpatient, clinic, emergency, outpatient, etc.)

Purpose for Disclosure

Signature of Patient or Guardian



Date

Relationship

Location:

- | | |
|---|--|
| <input type="checkbox"/> 999 Brubaker Drive, Suite 1, Kettering, OH 45429 | <input type="checkbox"/> 77 W. Eleanor Drive, Springboro, OH 45066 |
| <input type="checkbox"/> 7211 N. Main Street, Suite 5, Dayton, OH 45415 | <input type="checkbox"/> 7415 Brandt Pike, Huber Heights, OH 45424 |
| <input type="checkbox"/> 3220 Beaver Vu Drive, Beavercreek, OH 45434 | |

Physician:

- | | | |
|--|--|--|
| <input type="checkbox"/> Ramesh K. Gandhi, M.D. | <input type="checkbox"/> Bikram Verma, M.D. | <input type="checkbox"/> Jigna Thakore, M.D. |
| <input type="checkbox"/> David M. Novick, M.D., FACP | <input type="checkbox"/> Narayan Peddanna, M.D. | <input type="checkbox"/> Salma Akram, M.D. |
| <input type="checkbox"/> Marios C. Pouagare, M.D., Ph.D. | <input type="checkbox"/> Rajkamal Jit, M.D. | <input type="checkbox"/> Nagaraja Oruganti, M.D. |
| <input type="checkbox"/> Teresa Patrick, M.D. | <input type="checkbox"/> Christopher Barde, M.D. | <input type="checkbox"/> Robert Gaylor, M.D. |
| <input type="checkbox"/> Richard W. Houston, M.D. | <input type="checkbox"/> Malay Dey, M.D., Ph.D. | <input type="checkbox"/> Timothy Duncan, M.D. |