Digestive Endoscopy Center, LLC
www.digestivespecialists.com
Phone: (937) 534-7330
Fax: (937) 297-2203

Authorization for Release of Medical Information

I hereby grant my permission for release of and/or copying of medical information between the following parties, with no limitations, including any information concerning treatment, i.e., medical/surgical, psych, alcohol and drug related, or HIV/AIDS.

From: **Digestive Endoscopy Center, LLC**
(See Address Below)

To: **Name:**_____
Address:_____
_____
Phone:_____
Fax:_____

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 60 days 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 authorization, I may withdraw this authorization at any time by written notification to the parties involved.

Information/Reports Requested - Check Specific Areas

- ☐ Face Sheet
- ☐ History & Physical
- ☐ Discharge Summary
- ☐ Consultations
- ☐ Radiology Reports
- ☐ Laboratory Reports
- ☐ HIV/ARC/AIDS
- ☐ Drug/Alcohol Related
- ☐ Pathology Reports
- ☐ Physician Progress Notes
- ☐ Physician Orders
- ☐ Therapy Notes
- ☐ Emergency Treatment
- ☐ Other– please specify: _____

To assist you, I am providing the following identifying data:

_____ _____ _____
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** **Witness**

Location:

- ☐ 4340 Clyo Road • Dayton, OH 45459
- ☐ 1530 Needmore Road, Suite 100 • Dayton, OH 45414
- ☐ 77 W. Eleanor Drive • Springboro, OH 45066
- ☐ 5697 Shull Road • Huber Heights, OH 45424

Physician:

- ☐ David M. Novick, M.D., FACP
- ☐ Marios C. Pouagare, M.D., Ph.D.
- ☐ Teressa Patrick, M.D.
- ☐ Narayan Peddanna, M.D.
- ☐ Rajkamal Jit, M.D.
- ☐ Bikram Verma, M.D.
- ☐ Malay Dey, M.D., Ph.D.
- ☐ Christopher Barde, M.D.
- ☐ Jigna Thakore, M.D.
- ☐ Salma Akram, M.D.
- ☐ Nagaraja Oruganti, M.D.
- ☐ Urmee Siraj, M.D.
- ☐ Kanan Sharma, M.D.
- ☐ Tristan Handler, M.D.
- ☐ Mustafa Musleh, M.D.
- ☐ Jonathan Kushner, M.D.