**Digestive Specialists, Inc.**
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. Please do not send discs of records. Please put 25 pages or more on a flash drive.

**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 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 • Sugarcreek Twp., OH 45459
- ☐ 5697 Shull Road • Huber Heights, OH 45424
- ☐ 77 W. Eleanor Drive •, Springboro, OH 45066

**Physician:**

- ☐ Salma Akram, M.D.
- ☐ Malay Dey, M.D., Ph.D.
- ☐ Tristan Handler, M.D.
- ☐ Rajkamal Jit, M.D.
- ☐ Jonathan Kushner, M.D.
- ☐ Teressa Patrick, M.D.
- ☐ Narayan Peddanna, M.D.
- ☐ Kanan Sharma, M.D.
- ☐ Urmee Siraj, M.D.
- ☐ Cassandra Steimle, D.O.
- ☐ Jigna Thakore, M.D.
- ☐ Bikram Verma, M.D.
- ☐ Kamala Acharya PA-C
- ☐ Emily Ankrom PA-C
- ☐ Thomas Feeny, PA-C
- ☐ Andrew Petry, PA-C
- ☐ Chiyo Rando, PA-C
- ☐ Amanda Simpson, PA-C
- ☐ Cassandra Williamson, PA-C