GASTROINTESTINAL HEALTHCARE Improving Your Health From The Inside Out.

2011 Falls Valley Drive, Suite 106, Raleigh, NC 27615 Phone: 919-870-1311 Fax: 919-881-0822

www.giraleigh.com

		Date of l	Date of birth:	
		Telephone number:		
Add	lress:			
	medical records to GastroIntestinal Healthcare at (919) 881-0822.			
	Specific records requested:			
_	Please release my medical records from GastroIntestinal Healthcare to:			
	Provider/facility name:			
	Address:			
	Phone #	Fax #		
Plea	ase release the following	e records:		
	·	□ procedure reports □ pathology	reports	
□ laboratory test results		☐ diagnostic tests and x-rays ☐ notes from other providers		
_		ization: This authorization is effective for one rminated by the patient or patient's representation.	•	
by s	submitting a written rev	oke authorization: You may revoke or terminocation to GastroIntestinal Healthcare. You shor to terminate this authorization.		
disc	losed again by the person	e: Information that is disclosed under this authon or organization to which it is sent. The prive Federal Privacy Regulations.		
	conditions on treatment on the provision of	nt or payment: GIH will not condition the prof this authorization.	ovision of treatment or	
I he	ereby authorize the rel	ease of my medical records as provided abo	ve.	
		Date:		
Pati	ent's Signature			