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Sherman, TX 75092
903-364-4525 Phone
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Medical Release of Information Form

Patient Name _____ Date of Birth _____

Social Security # _____ Previous Name _____

I request and authorize that my medical records be sent to via mail of Fax: **Grayson Digestive Disease Consultants PLLC**

Address, City, State, Zip **300 N. Highland Ave. Suite 105 Sherman, TX 75092**

Phone: **903-364-4525**

Fax: **903-364-4543**

Reason for release: **Initiation of Care/ Continuity of care**

This request and authorization applied to: (check appropriate box and initial applicable line)

- Colonoscopy report EGD report ERCP report CT/(CAT) Scan Abdominal Ultrasound Abdominal x-ray
 Office notes and H&P Hospital Notes ER discharge notes Pathology report

____ Health Care information relating to the following treatment condition or dates of treatment:

This information may contain x-ray reports, laboratory reports, EKG reports, other diagnostic reports, consults, etc.

____ All Health Care information including information relating to HIV/AIDS testing, sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use. (Please circle all that apply)

____ All Health Care information excluding information relating to HIV/AIDS testing, sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use. (Please circle all that apply)

____ I understand I have the right to revoke this authorization by providing a written request to do so to the above named physician or organization. I understand that the revocation will not apply to information that has already been released.

Signature of patient or authorized representative

Date

Relationship or status if signed by anyone other than the patient (parent, legal guardian, personal representative, etc. Unless otherwise revoked this Authorization will expire six months from the date signed. I understand that authorizing the disclosure of this health information is voluntary. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by confidentiality rules.