Gastroenterology Associates, PLLC
Stephen J. Antonik, MD
19500 Sandridge Way, Suite 470
Leesburg, VA 20176
Phone 703-771-9001
Fax: 703-771-9076

Authorization for Release of Information FROM Gastroenterology Associates, PLLC

Organization providing the information:
Gastroenterology Associates, PLLC
19500 Sandridge Way, Suite 470
Leesburg, VA 20176
703-771-9001, 703-771-9076 (fax)

Organization requesting the information:

Name (Organization/Physician/Person): _____

Address: _____

Phone: _____ Fax: _____

Patient Information:

Name: _____

Date of Birth: _____

Phone: _____

Information Requested
Dates of service: _____
___ Laboratory data
___ Radiology imaging
___ Pathology reports
___ Procedure reports
___ Other _____

- I hereby authorized the use or disclosure of my individually identifiable health information as described above. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations, HIPAA. The information may be redisclosed and is no longer protected by these regulations.
- This authorization expires after the requested information has been sent or on _____.
- I understand that I may revoke this authorization at any time by notifying the providing organization in writing. Should I do so, this action will not have any effect on any action taken by the providing organization before they received the revocation.
- Records delivered to organization requesting records by: ____ mail, ____ patient pick up, ____ fax

_____ Date _____
Signature of Patient