

Gastro Intestinal Healthcare
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Phone 919-881-0743 Fax 919-881-0822

**STANDARD AUTHORIZATION OF USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

Information to be used and disclosed:

Medical records may be disclosed to the following physicians:

**Persons authorized to use or disclose information: GIH
Persons to whom information may be disclosed by GIH:**

Name of Person and/or Organization that is authorized to discuss my medical care and/or billing situations:

Expiration date of authorization

This authorization is effective for one year from date signed unless revoked or terminated by the patient or patient's representative.

Right to terminate or revoke authorization

You may revoke or terminate this authorization by submitting a written revocation to Gastro Intestinal Healthcare. You should contact the Privacy/Compliance Officer to terminate this authorization.

Potential for re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under Federal Privacy Regulations.

Patient Name (please print): _____ **DOB:** _____

Patient Signature: _____ **Date of Signature:** _____

Signature of Patient Representative _____ **Relationship:** _____