



Jordan & Associates

GASTROENTEROLOGY, P.A.

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MEDICAL RECORDS RELEASE

Patient Name: _____

Date of Birth: _____ Patient Social Security Number: _____

Release Records to:

_____ Name

_____ Address, City, State & Zip

(_____) _____ (_____) _____
Phone Number Fax number

Request records from:

_____ Name

_____ Address, City, State & Zip

(_____) _____ (_____) _____
Phone Number Fax number

Information Requested:

All medical records: without exception, including progress notes, lab reports, consultations, hospital notes, procedure/operative reports.

Partial medical records: Check which records are being requested

Progress notes lab reports Consultations Hospital notes

Procedure/operative report Other (specify) _____

I hereby authorize the use or disclosure of my protected health information (PHI) as described above. I understand that this authorization is voluntary. I understand that ability to obtain treatment will not be affected if I do not sign this form, unless that treatment is for a fitness-for-duty evaluation or a research-related treatment. I understand that if they organization authorized to receive the information is not required to comply with the federal privacy protection regulations, then such information may be re-disclosed and will no longer be protected. I understand that I have the right to revoke this authorization by sending written notification to Johnston Area Gastroenterology, 415C North Seventh Street, Smithfield, NC 27577. Any revocation will not affect disclosures made prior to Johnston Area Gastroenterology's receipt or knowledge of the revocation. Unless I revoke this authorization prior to such a time, this authorization shall expire: _____ (90 days if left blank) from the date of my signature. I understand that I have the right to inspect and receive a copy of the information described on this form.

Signature of patient or patient's authorized representative

Date

Printed name of patient's representative (if applicable) Relationship to patient

FOR JAG USE ONLY (Faxed By and Sign)

Date

Revised 9/17