Frederick Gandolfo, MD
Precision Digestive Care
HuntingtonGI.com

205 East Main Street, Suite 1-4, Huntington, NY 11743 | Phone 631.350.6077 | Fax 631.271.2272 | info@huntingtongi.com

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I request and authorize _____
to release of the following protected health information to **Precision Digestive Care, PC (Frederick Gandolfo, MD)** for the purpose of facilitating my medical care:

PICK ONE:
[ ] All past, present, and future healthcare information.

OR

[ ] All healthcare information, EXCEPT:
- [ ] Mental health records
- [ ] Alcohol/drug treatment records
- [ ] HIV/AIDS-related information
- [ ] Other (specify) _____

OR

[ ] Healthcare information related to the following treatment, condition, or dates of treatment:

This authorization will expire one year from date signed, or earlier at any time I request.

Name _____ DOB _____

Signature _____ Date _____

Office use only below this line

Specifically, please send the following information:
[ ] Endoscopy reports with pathology reports _____
[ ] Lab results _____
[ ] Office notes
[ ] Radiology reports _____
[ ] Hospital notes
[ ] Other _____