



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

Note: Alabama law allows charges for records copies not to exceed \$1.00 per page up to 25 and \$0.50 per page after 25. Capital City Gastroenterology does not charge patients for copies of their records. Be advised that other medical practices may charge you..

Information to be Used or Disclosed

The information covered by this authorization includes:

All office notes, lab results, pathology reports, and op reports for office visits,

EGD, Colonoscopy, ERCP and motility study as appropriate.

Persons Authorized to Use or Disclose information

Information listed above will be used or disclosed by:

Name of person or organization

Capital City Gastroenterology, P.C.

Name of person or organization

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

Capital City Gastroenterology, P.C.

4126 Carmichael Ct.

Montgomery, AL 36106

Fax # (334) 495-2604

Name of person or organization

Name of person or organization

Expiration Date of Authorization

This authorization is effective through ____/____/____ unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Capital City Gastroenterology, P.C. You should contact the practice administrator to initiate revocation at (334) 495-2600.

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 the federal privacy regulations.

Signature

Date of Birth (mm/dd/yyyy)

/ /

Name of patient (Print or type)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient