

Akron Digestive Disease Consultants, Inc. Consent to Release Medical Information

Patient _____ Birthdate _____

Physician releasing records:

Name _____

Address _____

City/State/Zip _____

Phone _____

Fax # _____

Physician/person to receive records:

Edward J. Esber, M.D.
Arjun Venkat, M.D.
Costas H. Kefalas, M.D.
William F. Shaheen, M.D.
Ganesh R. Veerappan, M.D.
570 White Pond Drive, Ste. 100
Akron, OH 44320
Phone: 330-869-0124 Fax: 330-869-2852

Medical information to be sent: (Please initial and sign)

_____ Medical Record, INCLUDING information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of sexually transmitted diseases and HIV/AIDS.

_____ Medical Record, EXCLUDING information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of sexually transmitted diseases and HIV/AIDS.

_____ Medical Record of Care from _____ to _____ INCLUDING information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of sexually transmitted diseases and HIV/AIDS.

_____ Medical Record of Care from _____ to _____ EXCLUDING information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; information related to testing or treatment of sexually transmitted diseases and HIV/AIDS.

_____ If deemed necessary by Doctor _____, I authorize this information to be sent via Fax transmission.

This applies to all information in my medical record protected under the regulations in 42 Code of Federal Regulations, Part 2.

I authorize medical information to be released as indicated above. I understand this release is effective until _____, but that I may revoke my consent at any time by providing written consent to the above named party.

Patient or Patient's Legal Guardian/Authorized Representative Date

Witness Date

If Representative – Relationship Document Reviewed Initials