



**EASTERN PENNSYLVANIA GASTROENTEROLOGY & LIVER SPECIALISTS, PC**

Phone: (610) 821-2828 Fax: (610) 821-7915

**Record Release Form**

**Patient Information**

Patient Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Request Records From**

Request From: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Doctor/ Facility Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Release Records To**

**Eastern PA Gastroenterology**  
Allentown Office  
1501 North Cedar Crest Blvd.  
Allentown, PA 18104  
Phone: (610) 821-2828 Fax: (610) 821-7915

**Information to be Released**

- Office Notes                       Pathology                       Labs                       Discharge Summary
- Procedures                       Radiology                       Emergency Department    All Records
- Other: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <b>AIDS/HIV Information</b>                  | <b>Psychiatric Care/Treatment</b>            | <b>Treatment for Drug or Alcohol Abuse</b>   |
| <input type="checkbox"/> Yes, disclose       | <input type="checkbox"/> Yes, disclose       | <input type="checkbox"/> Yes, disclose       |
| <input type="checkbox"/> No, do not disclose | <input type="checkbox"/> No, do not disclose | <input type="checkbox"/> No, do not disclose |

**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 Eastern PA GI and Liver Specialists.

**Potential for Re-disclosure**

Information that is disclosed under this authorization may be 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 regulation.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Representative Signature

\_\_\_\_\_  
Date