ANDREW G. HARGRODER, M.D.
GENERAL AND BARIATRIC SURGERY
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AUTHORIZATION TO RELEASE MEDICAL RECORDS / PROTECTED HEALTH INFORMATION (PHI)

Name: ______________________________________ DOB: __________ SSN: ***-**-________________

Address: ____

Information To Be Released –

☐ ***Complete*** health record to include ***H&P Consultation Report, Clinic Notes, Lab/Radiology and Op Note***

Authority to Release PHI – I hereby authorize **Dr. Andrew Hargroder, MD** to disclose my healthcare information via:

☐ **EMAIL TO EMAIL ADDRESS: ____**

☐ **MAIL TO SELF OR PHYSICIAN – PLEASE INDICATE TO WHOSE ATTENTION AND ADDRESS BELOW:**

You may disclose this health care information to the following (this can be yourself OR your physician):

Name: ____

Address: ____

Phone: __________________________ **Fax:** _________________________

Purpose of This Authorization:

At my request due to office closure.

This Authorization Ends On ________________(Date) or When the following event occurs: Upon Receipt of Records.

My Rights:

- **I understand that I do not have to sign this authorization in order to get health care benefits (treatment, payment, enrollment, or eligibility). However, I do have to sign to receive healthcare when the purpose is to create health information for a third party and to release my records.**
- **I may revoke this authorization in writing by sending a letter to the healthcare provider to whom the authorization is directed. If I did, it would not affect any actions already taken by the healthcare provider based upon this authorization.**
- **I may not be able to revoke this authorization if its purpose was to obtain insurance.**
- **I understand that once the healthcare provider discloses my health information, the person or entity that receives it, may re-disclose it. The HIPAA Privacy laws may no longer protect it.**

____ ________________________
Patient/Participant Signature (electronic signature accepted) Date

____ ________________________
Individually legally authorized to sign on behalf of the patient Representative's authority to act for the patient