

## Silicon Valley Gastroenterology

2490 Hospital Dr. #103

Mountain View, CA 94040

650-988-7530 Phone

650-963-5712 Fax

### CONSENT TO RELEASE PATIENT RECORDS

I hereby authorize Dr. Andrew Roorda to release and disclose information to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Information to be obtained under this authorization includes:

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This authorization is effective on \_\_/\_\_/\_\_ unless revoked or terminated by the patient or the patient's personal representative.

You may revoke or terminate this authorization by submitting a written revocation to Silicon Valley Gastroenterology. Information that is disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the federal privacy regulations. You may inspect or request a copy of the information that is used or disclosed under this authorization. You may refuse to sign this authorization. You have the right to request us to restrict how we disclose your protected health information for the purposes of treatment, payment, or health care operations.

Name of Patient (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date signed \_\_\_\_\_

Signature of Patient Representative \_\_\_\_\_ Date signed \_\_\_\_\_

The information being sent to the health care provider named is confidential and/or privileged. It is intended to be reviewed by only the individuals named above and the information destroyed when no longer needed.