



AAA Medical Group

Release of Information To AAA Medical Group

Rizwana Khan, M.D.
Charlene L. Vojnyk, FNP-C
2477 County Rd 516, Ste 103.
Old Bridge. NJ-08857
Phone: (732) 952-8222
Fax: (732) 952-8221

Patient Release Form
Authorization to Release Protected Health Information

Patient Name: _____ Date of Birth: _____

Address: _____ Phone: _____

I, _____ authorize the following facility:
(insert your name)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Release of Information _____

Fax: : _____

to release my protected health information to:

AAA Medical Group- Rizwana Khan, M.D.
2477 County Rd 516, Ste 103.
Old Bridge. NJ-08857
Phone: (732) 952-8222, Fax: (732) 952-8221

This request applies to my:

- Complete medical record
Healthcare information limited to the following conditions or dates:

Reason/Purpose for disclosure:

- Medical
Legal
Financial
Personal

I have read and understood the information in this authorization.

Patient/Guardian Signature: _____ Date: _____