Gastroenterology Specialists
Diplomate, American Board Internal Medicine and Gastroenterology

Steven A. Meckstroth, M.D.
Manuel F. Bustamante, M.D.
William Gonzalez, PA-C
Karina Sejas, PA-C

MEDICAL RECORD RELEASE FROM OTHER ENTITY

Authorization of disclosure of protected health information by another covered entity for use by Gastroenterology Specialists of Southwest Florida, P.A. from

Dr's Name_____ Phone_____

Address_____ Fax_____

City, ST, ZIP_____

Medical Information to be released:

_____office visits (please specify dates) _____ test results (specify)

This authorization shall be in effect until _____ but no longer than one year from the date signed at which time this authorization to use or disclose protected information expires.

I understand that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at 1656 Medical Blvd, Ste. 301, Naples, FL, 34110

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state laws.

I understand that I have the right to refuse to sign this authorization

_____ _____
Signature of Patient or Representative Date

If Representative, relationship_____

_____ _____
Printed name Date of Birth