

**G2Endo**

**Endocrinology & Metabolism**

**6005 Park Avenue, Suite 510, Memphis, TN 38119** Phone:(901)537-7000 Fax: (901) 537-3500

www.G2Endo.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient’s Name: | | | |  | | | Date of Birth: | |  | | | | |
| Previous Name: | | | |  | | | Social Security #: | | |  | | | |
| I request and authorize | | | | | |  | | | | | | | to |
| release healthcare information of the patient named above to:  G2Endo  Endocrinology & Metabolism  Malini Gupta-Ganguli, M.D., CCD/ Thomas A. Hughes, M.D. | | | | | | | | | | | | | |
| This request and authorization applies to: | | | | | | | | | | | | | |
| Healthcare information relating to the following treatment, condition, or dates: | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | |
| All healthcare information | | | | | | | | | | | | | |
| Other: | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Yes  No I authorize the release of any photograph taken of me during and for treatment purposes. | | | | | | | | | | | | | |
| Yes  No | | | I authorize the release of any records regarding drug, alcohol, or mental health treatment to the office of Dr. Malini Gupta-Ganguli. | | | | | | | | | | |
| Patient Signature: | | | | |  | | | Date Signed: | | |  | | |
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