Female Continence and Pelvic Surgery Center
Uzoma K. Nwaubani, MD
(352)750-6387 FAX: (352)633-2232
Creekside Medical Center in Lake Sumter Landing
1050 Old Camp Rd, Suite 282
The Villages, FL 32162

CONFIDENTIAL

Authorization for Release of Medical Information

Date of Request: ____________________ Date of Birth: __________________

Name of Patient: ____

Initial: ____ I hereby authorize Dr. Uzoma K. Nwaubani to obtain my personal health information.

This includes but is not limited to: discharge summaries, admission dictation, mental status (psychological evaluations), operative notes, immunizations, outpatient and inpatient summaries related to condition, laboratory reports, radiology, MRI, CT scan, EEG, EKG and any Other record related to condition or the treatment and evaluation of care.

Permission to obtain: (Initial) Mental Health Records: ____ Drug/Alcohol reports: ____ Sexually Transmitted Diseases: ____

This authorization expires on __________, (if unspecified, 180 days from date of signature.)

____________________________________ ______________________

Signature of patient or patient's representative Date

If patient representative, describe representative's authority or relationship to patient: ________________

RELEASE OF HIV/AIDS INFORMATION

I hereby authorize the release of protected health information pertaining to HIV testing and/or diagnosis and/or treatment of Acquired Immune Deficiency Syndrome (AIDS) solely to Dr. Uzoma K. Nwaubani.

____________________________________ ______________________

(Signature of patient or authorized representative) (Date)