



570 New Waverly Place  
Suite 140 Cary, NC 27518  
Telephone: (919) 854-2500  
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## Records Release

**To:** Dr. Vinod C. Vallabh  
570 New Waverly Place #140, Cary, NC 27518  
phone: 919-854-2500 fax: 919-854-2510

I, \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

**Hereby request that you release my records to:**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Dates of service to be release: \_\_\_\_\_

Documents to be released: \_\_\_\_\_

Date of request: \_\_\_\_\_

The patient hereby consents to the use or disclosure of his/her individually identifiable health information (protected health information) by Carolina Gastroenterology, pa. In order to carry out treatment, payment or health care operations.

Patient retains the right to revoke this consent. Such revocation must be submitted in writing. The revocation shall be effective except to the extent that the facility has already taken action in reliance on the consent.

\_\_\_\_\_  
*Signature of Patient or Personal Representative*

*Date* \_\_\_\_\_

*Time* \_\_\_\_\_

\_\_\_\_\_  
*Print Name*

*If Personal Representative, what is your relation to the patient* \_\_\_\_\_