



PLEXUS GASTRO PLLC
ROJA RAMISETTY

Board Certified in Internal Medicine
& Gastroenterology/Hepatology
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Authorization for the Release of Medical Records

Date: _____

Where are the records being released from?

Facility Name: _____ Provider Name: _____

Address: _____ City: _____ State: _____

Tell us about the patient.

Name: _____ DOB: _____ SSN: XXX-XX-____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

Where are we sending the records?

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____

What would you like released? Check all that apply.

- All Records Office/Clinic Notes Operative Reports Psychological/Psychiatric conditions, if any
 Lab/Pathology Results Radiology Reports Immunization Records Substance Abuse, if any
 Last Two Years of Records Dates _____ to _____
 Other _____
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If you do not want certain portions of your medical records released, please check the categories listed below you would like excluded.

- Substance Abuse, if any AIDS/HIV/STDs, if any Psychological/Psychiatric conditions, if any

Purpose of Disclosure: Why are we sending the records?

- Personal Use Litigation/Legal Insurance Continuation of Care Transfer to New Physician

Delivery Method: How would you like the records sent?

- Email Fax Postage (additional fee applies)

I am requesting the release of medical records from your facility for the purpose of providing continuity of care and appropriate treatment for our mutual patient.

Please include all relevant medical documentation, including consultation notes, procedure reports, pathology results, laboratory data, imaging studies, and any other pertinent records related to the patient's gastrointestinal care. Sensitive information such as mental health, substance use, or infectious disease history may also be included if available, unless specifically excluded.

All records provided will be kept strictly confidential and maintained in compliance with HIPAA and all applicable federal and state privacy regulations. The information will be used solely for the patient's medical care at Plexus Gastro PLLC and will not be disclosed further without proper authorization.