

GLOBAL CARE MEDICAL GROUP, P.C.
Elias Nabbout, M.D. Rosemary Janas, FNP
600 Clark Road, 2ND Floor
Tewksbury, MA 01876

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORDS

PATIENT'S NAME: _____ DOB: _____

PATIENT'S ADDRESS: _____ PHONE: _____

_____ I grant my permission to Elias Nabbout, M.D. to release a copy of my medical records to:

Name: _____

Address: _____

_____ I request the following office to forward a copy of my medical records to
Global Care Medical Group, P.C., 600 Clark Road, Tewksbury, MA 01876:

Name: _____

Address: _____

Please check one of the following options to have your medical information released:

_____ I do herein expressly and voluntarily consent to the release of information from my medical Record including information concerning HIV-AIDS testing, alcohol/drug abuse, mental health, Sexual assault or sexually transmitted diseases and general information.

_____ I do NOT authorize the release of information from my medical record regarding HIV/AIDS Testing, mental health, alcohol/drug abuse, sexual assault, or sexually transmitted diseases. General information may be released.

I understand that disclosure of this information is voluntary and revocable at any time.

PATIENT SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____

This authorization expires (unless revoked earlier) in sixty (60) days from the date signed.