Sachida N. Manocha, MD, FIPP, ABIPP
Board Certified in Anesthesiology/ Pain Management

85 East Wilson Bridge Road
Worthington, OH 43085
Phone: (614) 262-7246
Fax: (614) 262-4699

MON. TUES. WED.

78 Messimer Drive
Newark, OH 43055
Phone: (740) 522-8755
Fax: (614) 262-4699

MON (1ST & 3RD). THURS. FRI.

Authorization for Release of Medical Information

I hereby grant my permission for release of medical information to/between the following parties, including any information concerning treatment for psychiatric illness, alcohol and or substance abuse, HBV test results AIDS/ARC (AIDS related complex) diagnoses and/or other communicable disease.

Patient Name: _____ **Patient DOB:** _____

Patient Address: _____

Patient Phone Number: _____ **Patient SS#:** _____

This consent expires 60 days from the date signed and is subject to revocation by the patient at any time prior to the expiration date.

Patient Signature: _____ **Date:** _____

NOTE: Please do not write below this line (FOR OFFICE USE ONLY)

*****Released From:***
Physician Name: _____

Phone Number: _____ **Fax Number:** _____

*****Released To:***
Physician Name: _____

Phone Number: _____ **Fax Number:** _____

Information Requested: ____ Progress Notes ____ All Diagnostic Tests (X-rays, MRI, CT etc.) ____ Lab Results
____ Complete Record ____ Other (Please Specify): _____

For the purpose of: _____

Any re-disclosure of medical information by recipient is strictly prohibited. Please note: All matters relating to alcohol and drug abuse records are considered privileged and confidential and are regulated by Federal Law section 231 of Pl.93.282, 42 CFR, and part 2. This prohibits further disclosure without specific written consent of the patient.