



# PREMIERE·GI

Premiere GI  
11505 Palmbrush Trail, Suite 200  
Lakewood Ranch, Fl 34202  
Phone: 941-334-9040  
Fax: 941-334-9030

## Authorization to Obtain/Release Patient Medical Information

Patient Information:

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone

Request Medical Information From:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Send Medical Information to:

Premiere GI  
11505 Palmbrush Trail, Suite 200 Phone: 941-334-9040  
Lakewood Ranch, Fl 34202 Fax: 941-334-9030

Patient or Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the express written consent of the person to whom such information pertains, or as otherwise permitted by state law. With regards to HIV/AIDS, substance abuse or psychiatric records, a specific written consent is required- a general authorization for the release of medical information is NOT sufficient for this purpose. In the event these records are being requested other than for the personal use of the patient or an attending physician, fees may apply in accordance with Florida State Statute 395.3025