



# Lake Champlain Gynecologic Oncology

1060 Hinesburg Rd, Suite 301, South Burlington, VT 05403 • Phone: 802-859-9500 • Fax: 802-859-9944

210 Cornelia Street, Suite 406, Plattsburgh, NY 12901 • **WWW.LCGO.COM**

Gamal H. Eltabbakh, MD, Board Certified

Georgia Eltabbakh, PA

## Authorization to Obtain Protected Health Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This form authorizes:

Facility: _____ _____
Provider: _____ _____
Address: _____ _____
Phone: _____ Fax: _____

To Release information to:

Lake Champlain Gynecologic Oncology, P.C. 1060 Hinesburg Rd, Suite 301, South Burlington, VT 05403 Phone: 802-859-9500 · Fax: 802-859-9944
--

I hereby authorize Lake Champlain Gynecologic Oncology to obtain a complete copy of my medical records related to my medical diagnosis, treatment and condition. I authorize records of my treatment including drug, alcohol, depression, HIV/AIDS, hepatitis or other sexually transmitted disease unless specified below.

I do not want the following information released: \_\_\_\_\_

I understand that I have the right to inspect a copy of information to be disclosed and that I may withdraw this authorization at any time, except to the extent that action has been taken based on this authorization.

I understand that this authorization will expire, without my express revocation, one year from the date signed.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_