



# INDIANA ALLERGY & ASTHMA

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## AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name (First, Middle, Last):

Address:

Social Security :

Date of birth:

Phone:

I hereby authorize the use or disclosure of protected health information about me as described below:  
The released/obtained information will be used for the purpose of: **Continuity and Coordination of Care**

### The released information will be provided:

#### TO:

Name:

Address:

City:  State:

Zip:

Phone:

Fax:

#### FROM:

Name: Pooja Oza Patel, MD

Address: 9012 Connecticut Drive

City: Merrillville State: Indiana Zip Code: 46410

Phone: (219) 769-6177 Fax: (219) 769-1374

I understand that my records are protected under the Federal and specific State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken and that in any event this consent will automatically expire 180 days from this date.

I agree to release and indemnify Indiana Allergy And Asthma LLC (Pooja O. Patel, MD) and its affiliates, patients and officers and attending physician (s) from any and all legal responsibility or liability for their reliance upon the release of the above information to the extent indicated and authorized.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment.

Patient Signature : \_\_\_\_\_ Date:

Relationship to patient:  Date release expires:

Signature of guardian or legal representative: \_\_\_\_\_

Witness : \_\_\_\_\_

**TO THE PARTY RECEIVING THIS INFORMATION:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.