



GREATER HOUSTON DIGESTIVE DISEASE CONSULTANTS

1120 Medical Plaza Dr. Ste 255, The Woodlands TX 77380 Phone: 281-205-1111 Fax: 281-419-2111

DIGESTIVE DISEASE
CONSULTANTS

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: _____

Date of Birth: _____

Social Security#: _____

I request and authorize _____ (Name of Clinic) to release the medical records of the patient named above to:

Serge Alain Awasum, M.D.

1120 Medical Plaza Dr. Suite 255

The Woodlands, Texas 77380

This request and authorization applies to:

_____ Health Care Information relating to the following treatment, condition or dates of Treatment: _____.

_____ All health care information

_____ Other

I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS VIRUS), sexually transmitted diseases, psychiatric disorders/mental health, or drugs and/or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing or treatment.

Signature of Patient or Patient's Authorized Representative

Date Signed

Relationship or status if signed by anyone other than patient (Parent, legal guardian, personal representative, etc)

Date Signed

Serge Alain Awasum, M.D.

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www.greaterhoustonddc.com

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