

DR. GRABOWSKI PC.

RELEASE OF MEDICAL RECORDS

To protect your information and comply with HIPAA Standards, Dr. Grabowski PC requires all patients to provide us with a written request if you would like us to release your medical information.

I, _____ hereby authorize and give my permission for the office of Dr. Grabowski PC. to disclose my private healthcare information to my insurance carrier, my medical providers, and:

None

Patient Signature

Date