



# PEBBLECREEK MEDICAL GROUP

## INTERNAL MEDICINE PRIMARY CARE

### Medical Information Release

Physician/Practice:	Phone#	Fax#
Address:	City/State:	Zip:
Purpose: For continuing medical care		
Information to be sent to: Dr. Sanjay Bommakanti Dr. Fnu Pranav	Pebble Creek Medical Group 700 N. Estrella Pkwy Suite130 Goodyear, AZ 85338	Phone: 623-322-2144 Fax: 623-322-1165

### AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

I authorize the Physician/ Organization stated below to release my medical records

I understand that information in my health record may include information relating to sexually Transmitted Disease, Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and other communicable disease, Behavioral Health Care/ Psychiatric Care and treatment of alcohol and/or drug abuse; my signature authorizes release of any such information.

If I refuse to sign this authorization form, I understand that Pebble Creek Medical Group holds the right to not accept me in their practice.

I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. This Notice of Privacy Practice explains the process for revocation, which includes a request in writing.

I release the above noted agency, its employees, agents, medical staff members and business associates from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

Patient Information:	Patient Name:	Date of Birth:
	Signature of Patient:	Date:

### **Acknowledgement of Notice of Privacy Practice and HIPAA**

\_\_\_\_\_  
Signature of patient:

\_\_\_\_\_  
Date:

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Goodyear,  
Arizona 85338

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