Arthritis Associates
www.sebbaarthritis.com
33920 US 19N SUITE 241
PALM HARBOR, FL 34684

PHONE: 727-773-9793 FAX: 727-773-0674

ANTHONY SEBBA, MD ANJALI SHETTY, MD ROHAN CHAWLA, MD
SHREYA GOR, MD JULIE HINOJOSA, PA-C

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

DATE REQUESTED: _____

TO: _____

PHONE: _____

FAX: _____

I hereby authorize and request you to release all information which you may possess relating to my examinations and illnesses, including psychiatric and psychological information which may be part of my medical records for continuity of care.

PLEASE FORWARD TO: ARTHRITIS ASSOCIATES
FAX 727-773-0674

_____ _____
Signature of Patient or legal guardian Date of Birth

_____
Printed name of Patient of legal guardian