Comprehensive Sleep and Breathing Disorders Center, P.C.

Narayan Krishnamurthy, M.D., FCCP, FAASM
Board Certified in Pulmonary & Sleep Medicine
by The American Board of Internal Medicine
Board Certified in Sleep Medicine
by The American Board of Sleep Medicine

Jeanne Lipscomb, MD, FCCP
Board Certified in Pulmonary Medicine
by the American Board of Internal Medicine

Authorization For The Release of Medical Records

Patient Name: ____

SSN: _____-_____-______ DOB: ______________________________

I, ______________________________ HEREBY AUTHORIZE ______________________

TO RELEASE MY MEDICAL RECORDS TO:

COMPREHENSIVE SLEEP AND BREATHING DISORDERS CENTER, P.C.
Dr. Narayan Krishnamurthy/Dr. Jeanne Lipscomb
1406 McFarland Blvd. North Suite # 1C
Tuscaloosa, AL 35406
Phone#: 205-343-0004
Fax#: 205-343-0092

INFORMATION AUTHORIZED TO BE RELEASED:

________ COMPLETE MEDICAL RECORD/OFFICE NOTE/PFT/SPIRO/SLEEP STUDY

________ OTHER : ______________________________________

1. I understand that this content may be revoked in writing at any time. With the exception and to the extent that disclosure of information has already occurred prior to this receipt of revocation by the above named provider. If revocation is not received authorization will be consider valid for a period of time not to exceed 1 year from the date of signing.
2. I understand that the information authorized for release may include record, which indicate the presence of a communicable venereal disease including, but not limited to, hepatitis, syphilis, gonorrhea, and Acquired Immune Deficiency Syndrome as well as mental health information, and/or records concerning treatment for alcohol and/or drug abuse.
3. I understand that a photocopy of this authorization is to be considered valid as the original.
4. I understand that the information use or disclosed pursuant to this authorization may be subjected to re-disclosure by the recipient and may no longer be protected by Federal Law.

Signature: ______________________________________ Date: ______________

Witness: ____ Date: ______________

1406 McFarland Boulevard NE, Suite #1C | Tuscaloosa, AL 35406 | P 205.343.0004 | F 205.343.0092
email: compsleepctr@comcast.net | website: www.csleepcenter.com