

Carolina Praderio MD, FACOG
Gynecology
5826 Esplanade Dr. Suite 101
Corpus Christi, TX 78414
361-991-9356

Date: _____

Authorization for Use/Disclosure of Health Information

Authorization for Use/Disclosure of Information: I voluntarily consent to and authorize my health care provider _____ to use or disclose my health information during the term of this Authorization to the recipient(s) that I have identified below.

Name (First, Last)

Recipient: I authorize my health care information to be released to the following recipient(s):

Name: Carolina Praderio, MD

Address: 5826 Esplanade Dr. Corpus Christi, TX 78414

Phone: (361) 991-9356

Fax: (844) 717-5672

Information to be disclosed: I authorize the release of the following health information:
(check the applicable box below)

- All of my health information that the provider has in his or her possession, including:
 - Labs/Pathology
 - Imaging
 - Surgeries/Operative Notes
 - Office Visits

I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information.

Term: I understand that this Authorization will remain in effect as long as I am a patient of Dr. Praderio or until I submit a written request to Dr. Praderio requesting the cancellation of this authorization.

Signature: _____ Printed Name: _____ Date: _____

Date of Birth: _____