

BABA HEALTHCARE, INC
Geetha Priyanka, M.D.
948 South Wickham Rd. Suite 103
West Melbourne, FL 32904
P: 321-956-7370 F: 321-956-7873

I hereby authorize: _____

**CONSENT FOR RELEASE OF MEDICAL INFORMATION
INCLUDING HIV, AIDS, PSYCHIATRIC, AND SUBSTANCE
ABUSE.**

I hereby authorize the above named physician/hospital/facility to release information including, if any, psychiatric or psychological information _____, infections or contagious disease information (including HIV/AIDS) confidential information _____, and or information about drug of alcohol abuse or treatment _____ of same from the health record(s): TO RELEASE MY: _____ COMPLETE MEDICAL RECORDS, _____ OTHER (As DESCRIBED):

as soon as possible to BABA HEALTH CARE INC to the above address and/or fax.

Patient's Signature

Date

Name (Please Print)

Social Security Number

Street Address

Date of Birth

City, State, Zip Code

Phone Number

Witness Signature

Date