

ADVANCED GYNECOLOGY OF TAMPA BAY  
1122 BELL SHOALS RD, #101  
BRANDON, FL 33511  
(813)553-7700

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

Patient Name:

Social Security: -- Date of Birth: //

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**Please select all that apply:**

You have my permission to leave a detailed message or via email:

**Tel.** --

**Email:**

Please **DO NOT** release **ANY** medical information to anyone other than myself.

I authorize this office to discuss my medical care with the following:

Name

Relationship

Tel:

Name

Relationship

Tel:

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**HIPAA ACKNOWLEDGEMENT**

By signing below, I acknowledge that I have read and understood the Notice of Privacy Practices of the Federal HIPAA Privacy Rule.

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Patient's Signature

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DATE