

Gastroenterology Specialists of Delaware, LLC

George Benes, M.D.

Michael J. Brooks, MD

As a patient of GI Specialists of DE, I understand that there may be occasions where the office staff may need to contact me regarding appointments, the scheduling of tests, test results, medications, etc. In such event, I am unavailable; I authorize GI Specialists of DE to discuss my medical record (including test results and plan of care) with the following individuals. This authorization also includes the leaving of voicemail messages on my home, work, and/or cell phone. I give GI Specialists of DE permission to discuss my personal health information as stated above with the following individuals:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Check this box if you do not have anyone that you would like us to release your medical information to.

I understand that I may revoke this authorization at any time by notifying the office in writing of my desire to do so.

Patient Name: _____

DOB: _____

X _____

Date: _____

Signature of Patient or Responsible party