

# Authorization for Release of Medical Information

This will authorize

To release medical information including psychiatric and / or drug and alcohol abuse information and HIV Results from my medical records to:

Dr. Kavita Rao, MD  
4957 38th Avenue North, Suite C  
St. Petersburg, FL 33710  
Visit: DrKavitaRao.com  
Fax:(727) 525 9500

The facility named above is released from all legal liability that may arise from the release of the information requested above.

Print Patients Name:

Date

Guardian Signature

Date

Witness

Date

Signature