



Authorization for Release of information

I hereby authorize the use or disclosure of my individually identifiable information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by written notice.

It is the policy of Arizona Gastroenterology Ltd, to charge for the processing of medical records. Patients: It is \$1.00 for the first 5 pages, then \$0.50 per page thereafter. Not to exceed a maximum of \$25.00.

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