

Woo Kwang Song, MD, Gastroenterology, LLC

1458 W. Landis Ave, Suite 1

Vineland, NJ 08360

Phone: (856) 691-2552 Fax: (856) 691-8885

Website: www.wksongmd.com

Authorization for Access to Medical and Financial Information

Please fill out the form to authorize a spouse, family member or friend to obtain your medical and financial records including results of any testing. If left blank we will not discuss your account with anyone.

Patient Name: _____ DOB: _____

I give permission to release any medical information pertaining to myself to the individuals listed below. I authorize, Woo Kwang Song, MD, Gastroenterology and staff to release the information to the listed person. If the listed person calls the office on my behalf asking to obtain medical and/or financial information about me, I do understand that this form will be kept on record and that the authorization will not expire unless the office is asked to do so and all requests must be in writing.

Please list any names of persons authorized to obtain medical and/or financial information on your behalf:

Patient Signature: _____ Date: _____