

Edward C Kim, MD, Jin H Park, MD, Myung Choi, MD, Darren S Baroni, MD., Nina Phatak, MD, Paul O. Arnold, MD, Tinatin K O'Connell, MD, Rizwan Ahmed, MD, Mylan Satchi, MD, Tokunbo Ajayi, MD, Brian Park, MD

Christa Purdum, PA-C, Michelle Bachtold, PA-C, Jackie Ramirez, PA-C, Kibbum Kang, NP-C, Candace Hall, NP-C, Sara Herbst, PA-C

G One**G**

Authorization to Obtain Medical Records

I hereby authorize:			
To disclose the follo	owing protected health information	on to:	
		logy Associates, PC 71) 222-7401	
	Please send only paper	documents. Do not send CI	<u>)s.</u>
	170 W Shirley Ave, Suite 205, War	rrenton, VA 20186; Phone (540	347-2470
Patient Name:			
Date of Birth:			
Social Security #:			
Date of Records:	All Records To:		
Signature of Patient o	or Personal Representative	Date	
Printed Name of Pati	ent or Personal Representative		
	doc	ctorgi.com	

Confidentiality Notice

PRIVILEGED AND CONFIDENTIAL: This document and the information contained herein are confidential and protected from disclosure pursuant to Federal law. This message is intended only for the use of the Addressee(s) and may contain information that is PRIVILEGED and CONFIDENTIAL. If you are not the intended recipient, you are hereby notified that the use, dissemination, or copying of this information is strictly prohibited. If you have received this communication in error, please erase all copies of the message and its attachments and notify the sender immediately.

Staff Initials 02/11/2022