

**The Center for Weight Loss Surgery  
Peter F. Lalor, M.D.**

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, \_\_\_\_\_, DOB: \_\_\_\_\_, SSN: \_\_\_\_\_  
hereby authorize The Center for Weight Loss Surgery/Peter F. Lalor, M.D. to (check the following that apply):

obtain the following protected health information from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

←---- In this section please provide your family doctor's name, address, phone number, and fax number.

Phone \_\_\_\_\_ Fax \_\_\_\_\_

disclose the following protected health information to:

The Center for Weight Loss Surgery  
960 W. Wooster St., Suite 116  
Bowling Green, Oh 43402

Information to be obtained or disclosed: Progress Notes/Weight History

This protected health information is being obtained and/or disclosed for treatment.

Authorization shall be in force and effect until Surgery is approved  
at which time this authorization to obtain or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to The Center for Weight Loss Surgery/Peter F. Lalor, M.D.. I understand that a revocation is not effective to the extent that The Center for Weight Loss Surgery/Peter F. Lalor, M.D. has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

The Center for Weight Loss Surgery/Peter F. Lalor, M.D. will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

\_\_\_\_\_  
Signature of Patient or Personal Representative                      Date

\_\_\_\_\_  
Name of Patient or Personal Representative/Relationship

**960 W. Wooster, Suite 116 Bowling Green, Ohio 43402**  
**phone: 419-373-7699 fax: 419-354-7430**