

**Jibrini MD and Associates**  
Internal Medicine and Weight Loss Clinic  
7210 Turfway rd, Florence, KY 41042  
Phone: 859-459-2424 Fax: 859-459-2494

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**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to  
release healthcare information of the patient named above to:

Name: Jibrini MD and Associates

Address: 7210 Turfway Rd.

City: Florence State: KY Zip Code: 41042

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.