



Michael Odibo, M.D.

Odibo Medical Group

1099 Medical Center Drive, Suite 100-A

Wilmington, North Carolina 28401

office.odibomedicalgroup@gmail.com

Phone (910) 228-5894 | Fax (910) 228-5897

MEDICAL RECORD/INFORMATION RELEASE FORM

Patient Name: _____

Social Security Number: _____ Date of Birth: _____

I, _____, give the following permissions to Odibo Medical Group regarding my Protected Health Information (PHI):

- Leave messages on my home answering machine. Yes No
- Send text messages to my cellular phone. Yes No
- Leave voice mail on my cellular phone. Yes No
- Receive automated text alerts from our practice. Yes No
- Mail lab/pathology reports to my home address. Yes No
- Would like to access my information via patient portal. Yes No
- Receive automated reminder phone calls or emails. Yes No

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I also give permission to Odibo Medical Group to discuss my Protected Health Information (PHI) with the following person(s):

Name: _____

Phone: _____

Signature of Patient or Responsible Party

Date