

Gastrointestinal Specialists of Georgia

1700 Hospital South Drive, Suite 502

Austell, GA 30106

(678)741-5000

Patient Authorization for Release of Protected Health Information

Fax Numbers:

for Austell, Douglasville, Paulding and Lithia Springs offices FAX: (770) 941-2109

for Kennestone, East Cobb, and Woodstock offices FAX: (678) 819-4279

I hereby authorize the Practice, or any of its employees, staff, or agents, to use and disclose health information from the medical record(s) of: *(please print)*

Patient Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

City/State/Zip _____ SSN *(not required)* _____

RELEASE INFORMATION TO:

*Specify the name of the
Individual or organization*

Name: _____

Address: _____

City/State/Zip: _____

Fax: _____

RELEASE INFORMATION FROM:

Name: _____

Address: _____

City/State/Zip: _____

Fax: _____

REASON FOR RELEASE:

_____ Continuing medical treatment

_____ Other: _____

Type of Information: *(check all that apply)*

_____ Entire Medical Record _____ Dictated Reports _____ Progress Notes _____ X-Rays

_____ Lab Results _____ Nuclear Medicine _____ Consultations _____ Referral

_____ Therapy/Procedures

_____ Other _____

Authorized Date: _____ **Expires:** _____

I acknowledge that data to be released MAY INCLUDE material that is protected by Federal law and that is applicable to either drug/alcohol or mental health information or both. My signature authorizes release of all such information (as specified above and for the purposed mentioned above).

Patient's Signature or Legal Representative

Date

Relationship, if not the patient

Signature of Witness

Date

Right to Revoke: I understand that I may revoke this Authorization at any time except to the extent that action has already been taken in reliance upon it. If I do not revoke it, this Authorization will expire one (1) year after the date on which the Authorization is signed. To revoke the Authorization, I understand I must contact the following in writing: Gastrointestinal Specialists of Georgia, 1700 Hospital South Drive, Suite 502, Austell, GA 30106