

Release of Medical Records

Please allow 7-10 business days to receive records.				For questions, please call 404-255-2670			
Patient Name			Date of Birth				
<input type="checkbox"/> Release of records FROM:							
Physician Name			Practice Name				
Physician Address							
Physician Phone			Fax				
<input type="checkbox"/> OR Release of records FROM:							
Atlanta Family Neurology 5673 Peachtree Dunwoody Rd, Suite 300 Atlanta, GA 30342 1.866.271.2219 (fax)							
Please release the following information:							
<input type="checkbox"/> MRI		<input type="checkbox"/> Office Notes		<input type="checkbox"/> CT		<input type="checkbox"/> EKG Report	
<input type="checkbox"/> Hospital Notes		<input type="checkbox"/> EEG Report		<input type="checkbox"/> Labs			
<input type="checkbox"/> Other (specify):							
<input type="checkbox"/> I do		<input type="checkbox"/> I do not		Authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus.)			
<input type="checkbox"/> I do		<input type="checkbox"/> I do not		Authorize release of information related to psychological assessment and treatment for alcohol and/or drug abuse.			
<input type="checkbox"/> Release of records TO: <input type="checkbox"/> Physician <input type="checkbox"/> Other (specify):							
Name			Practice Name (If Applicable)				
Address							
Phone			Fax				
<input type="checkbox"/> OR Release of records TO:							
Atlanta Family Neurology 5673 Peachtree Dunwoody Rd, Suite 300 Atlanta, GA 30342 1.866.271.2219 (fax)							

This authorization will expire on	
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When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Atlanta Family Neurology, PC has acted in reliance upon this authorization. My written revocation must be submitted to Atlanta Family Neurology's Privacy Officer at 5673 Peachtree Dunwoody Rd, Suite 300, Atlanta, GA 30342. Some releases may be subject to a fee as allowed under GA State Law 0.C.G.A. 31-33-3.

 Patient or Guardian Signature

 Date

 Patient Name (Print)