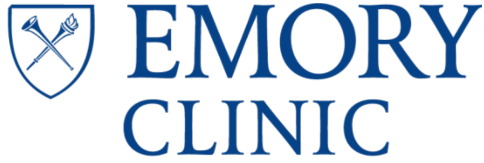

AUTHORIZATION FOR RELEASE OF INFORMATION TO THE EMORY CLINIC, INC.

To be completed if records are being requested, from another facility, to be sent to The Emory Clinic, Inc.

________________________________ __XXX__-__XX__-__________ _______/_______/_______

Patient's Name (PLEASE PRINT) Last Four of Patient's SS# Date of Birth

____ (_____)______-_______ (_____)______-_______

Address Street City/State Zip Home Phone Work Phone

PERSON OR FACILITY FROM WHICH INFORMATION IS BEING REQUESTED

____

Name of Facility (PLEASE PRINT)

____

Address Street City/State Zip

( ) - ( ) -

Telephone Fax

I hereby authorize the facility named above to release information contained in the above-named patient's medical records, including records, if any, for treatment of physical and/or mental illness, treatment of chemical dependency and/or alcohol abuse, or testing or treatment of any communicable or infectious disease, such as Acquired Immunodeficiency Syndrome (AIDS); Human Immunodeficiency Virus (HIV); Acquired Immunodeficiency Syndrome Related Complex (ARC); Venereal Disease or Hepatitis to:

Dr.
Emory Family Medicine at Dunwoody
4500 N. Shallowford Road
Dunwoody, GA 30338
Phone: 404-778-6920 Fax: 404-778-6901

1) Please provide the medical record information checked below (include physician dates of service if known):

INFORMATION:	DATES:	INFORMATION:	DATES:
[ ] Office Notes		[ ] EKG Reports	
[ ] Discharge Summary		[ ] X-Ray Reports	
[ ] History & Physical		[ ] Other	
[ ] Operative Reports			
[ ] Pathology Reports			
[ ] Laboratory Reports			

2) Purpose or need for disclosure:____

3) I authorize the facility named above to send the medical information requested by fax.

Note: This authorization will expire sixty (60) days from the date signed unless otherwise specified below:

______________________ ____________________________________

Witness Signature of patient, parent of minor, legal guardian or estate representative

______________________ ______________________

Date Date

PLEASE COMPLETE AND SEND TO HEALTH CARE FACILITY

Updated by E. Johnson 3.13.15