



P.O. Box 1957  
 Flowery Branch, GA 30542  
 (770) 540-4009

**Medical Records Request - Release of Information Authorization**

PATIENT INFORMATION	Name _____ D.O.B. _____ Address _____ City _____ State _____ Zip _____ Phone _____ Work _____ Cell _____
INFORMATION TO BE RELEASED	Date(s) Of Service _____ Or Range of Dates _____ Medical Records Requested and/or Release of Information: <ul style="list-style-type: none"> <li><input type="checkbox"/> Transport Documents</li> <li><input type="checkbox"/> Supplemental Documents (if available/applicable)</li> <li><input type="checkbox"/> Billing Records (Invoices and Statements)</li> </ul>
PURPOSE OF REQUEST	<ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Use or Review</li> <li><input type="checkbox"/> Legal / Litigation</li> <li><input type="checkbox"/> Insurance Appeal</li> <li><input type="checkbox"/> Social Security Appeal</li> <li><input type="checkbox"/> Disability Determination</li> <li><input type="checkbox"/> Other</li> </ul>
RELEASE TO INFORMATION	Name _____ Day Phone _____ Address _____ City _____ State _____ Zip _____ Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Spouse/POA/Other
RELEASE METHOD	Date Needed By _____ (Allow up to 7 - 10 days from date of receipt) Release Method: <input type="checkbox"/> Certified Mail *If ROI only select <input type="checkbox"/> Fax _____ "Pick-up/Phone <input type="checkbox"/> *Email _____ (*Sent via Secure Method) <input type="checkbox"/> Pick-up/Phone
Your signature indicates that you have read and understand this form, and authorize release of your information as described above This authorization is valid for this request only. Any additional requests must be accompanied by a new authorization	
Signature: _____ Date Signed: _____ Relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Power of Attorney (Notarized Copy Attached)	

**\*\*All record requests must include a copy of the requester's driver's license, social security card or passport for signature verification\*\***