



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/Atlanta Child Neurology 755 Mt. Vernon Hwy NE, Suite 360 Atlanta, GA 30328 404/255-2654 (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/Atlanta Child Neurology 755 Mt. Vernon Hwy NE, Suite 360 Atlanta, GA 30328 404-255-2654 (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/Atlanta Child Neurology, PC has acted in reliance upon this authorization. My written revocation must be submitted to Atlanta Family Neurology/Atlanta Child Neurology's Privacy Officer at 755 Mt. Vernon Highway NE, Suite 360, Sandy Springs, Ga 30328. Some releases may be subject to a fee as allowed under Ga State Law O.C.G.A. 31-33-3.

Patient or Guardian Signature

Date

Patient Name (Print)