

Atlanta Gynecology & Obstetrics, P.C. Records Release (Outbound)

315 Winn Way
Decatur, GA 30030
Telephone (404) 299-9724
Fax (404) 299-0382

449 Pleasant Hill Road, Suite 200
Lilburn, GA 30047
Telephone (770) 923-5033
Fax (770) 279-2769

Please release selected records below to the following:

Doctor/Hospital/Patient	
Street/Suite #	
City/State/Zip	
Phone #	
Fax #	
Patient Name	
Date of Birth (mm/dd/yy)	
Social Security #	

(Check all applicable)

- | | |
|---|--|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Chart Summary |
| <input type="checkbox"/> Laboratory/pathology records | <input type="checkbox"/> Pharmacy/prescription records |
| <input type="checkbox"/> X-ray/radiology records | <input type="checkbox"/> Other (describe specifically) |
| <input type="checkbox"/> Billing Records | _____ |

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., included herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chanroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

Yes No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes No I authorize the release of any records regarding drug, alcohol, or mental treatment to the person(s) listed above.

For the purpose of: Further Medical Care
(Optional) Insurance Billing

- Legal Reasons
 Self

Other (Please Specify) _____

Patient Signature: _____

Date: _____