

**Authorization to Release Medical Records**

Patient Name		SSN	
Dates of Service		Date of Birth	

I, the undersigned, authorize the release of, or request access to the information specified below from the medical record(s) of the above-named patient.

PATIENT INFORMATION IS NEEDED FOR: Continuing Medical Care

INFORMATION TO BE RELEASED OR ACCESSED:

<u>History &amp; Physical</u>	<input type="checkbox"/>	<u>Consultation Reports</u>	<input type="checkbox"/>	Emergency Room Record	<input type="checkbox"/>
<u>Operative Reports</u>	<input type="checkbox"/>	<u>Discharge Summary</u>	<input type="checkbox"/>	<u>Face Sheet</u>	<input type="checkbox"/>
<u>Lab/Path Reports</u>	<input type="checkbox"/>	<u>X-Ray Reports/Images</u>	<input type="checkbox"/>	<u>Other:</u>	<input type="checkbox"/>

Please release the above information to:

Milton Medical Group  
Dr. Savitha Shama  
735 N Main ST STE 1100  
Alpharetta, GA 30009  
PH: 678-827-9157  
Fax: 470-299-6262

**FROM: (Please enter information of provider from where we need to obtain your medical records)**

Provider Name					
Street Address					
City		State		ZIP	
Phone				Fax	

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that the specified information to be released may include but is not limited to history, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including HIV and AIDS.

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization.

The authorization will expire six (6) months from the date of my signature, unless I revoke the authorization prior to that time.

Date:		Signature:	
Print Name of Patient or Legally Authorized Representative:			

735 N. Main St, Suite 1100, Alpharetta, GA 30009