

ATLANTA UROCARE, P.C.
777 CLEVELAND AVENUE SUITE 604
ATLANTA, GEORGIA 30315
OFFICE (404) 768-6611
FAX (404) 768-3454

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient's Name _____

Patient's Address _____

Date of Birth _____ **Contact Number** _____

I hereby authorize Atlanta UroCare, P.C. to:

RELEASE all medical records pertaining to me:
*(With the exception of alcohol and drug abuse and
Or HIV/AIDS related information)*

OBTAIN all medical records pertaining to me from:
Name _____
Address _____
Phone _____
Fax _____

For the purpose of: (Please circle one)

Moving Away **Personal Copy** **Transfer to New Physician**
Second Opinion **Another Treating Physician** **Other** _____

The records should be:
_____ Sent to my home address on file
_____ Sent to Atlanta UroCare, P.C.
_____ Sent to the following person (s)

Name _____

Address _____

City State Zip _____

Phone _____ **Fax** _____

This Authorization shall remain in effect until revoked by me in writing. If not revoked by me in writing, the Authorization shall remain in effect for one (1) year from the date of the signature below. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on this Authorization Form. I understand that if I wish to revoke this Authorization, I must do so in writing and present my written revocation to Atlanta UroCare, P.C. A photocopy of this authorization shall be considered as effective and valid as the original. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this Authorization. I need not sign this Authorization in order to assure treatment. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and that the information may not be protected by federal confidentiality rules.

Patient Name	Date of Birth	Social Security Number
Signature	Date	Relationship to Patient

When a representative of the patient signs this form, the representative must provide a description of such representative's authority to act for the patient: _____.