



**NORTH GEORGIA EYE**  
ASSOCIATES

MEDICAL RECORDS RELEASE FORM

2061 Beverly Road. Gainesville, GA 30501 p:770-532-4444 f:770.535.1852  
1485 Jesse Jewell Pkwy NE Ste 100 Gainesville, GA 30501 p:770.534.1711f:770.534.9158

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION FOR PURPOSES OTHER THAN FOR PAYMENT, TREATMENT AND HEALTH CARE OPERATIONS.

_____		_____		_____
Patients Name		Date of Birth		SS#
_____		_____	_____	_____
Address		City	State	Zip
				Phone #

I authorize the use and disclosure of the Protected Health Information for the above patient as described.

INFORMATION REQUESTED:

- \_\_\_\_\_ Records for all care at this facility or by this doctor.
- \_\_\_\_\_ Records relating to treatment dates from: \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

I understand that I have the right to revoke this authorization, in writing, at any time, except

- 1) Where uses of disclosures have already been made based upon my original permission
- 2) The authorization was obtained as a condition of securing Insurance coverage and the insurer by has has the right to contest a claim or the Insurance policy.

I understand that the uses and disclosures already made based upon my original permission cannot be taken back. To revoke this authorization, I must do so in writing and without my express revocations; this consent will automatically expire 90 days from today's date.

I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and no longer protected by the Federal Privacy Standards.

INFORMATION TO BE RELEASED:

{ }from { }to

_____	
Name	
_____	
Street Address	
_____	
City/State/Zip	
_____	_____
Fax #	Phone #

{ } from { } to

NORTH GEORGIA EYE ASSOCIATES

2061 BEVERLY ROAD                      1485 Jesse Jewell Pkwy NE Ste 100  
GAINESVILLE, GA 30501              Gainesville, GA 30501

_____	_____
Signature of Patient/ Legal Guardian	Date (auth expired in 90 days)

\*\*If this authorization is signed by and individuals personal representative, the representative's authority is based on (e.g., state law, court, etc)\*\*