MARTINEZ URGENT CARE
210 Bobby Jones Expressway
Martinez, GA 30907
706/855-1755
706/863-2587--fax

Roger D. Brown, M.D.

Occupational Medicine &
Family Practice

Authorization For Release Of Confidential Medical Information

Name (PRINT): _____ **DOB:** _____

I hereby authorize Martinez Urgent Care to:

☐ Transfer the following information to:

_____
_____
_____
_____

☐ Receive the following information from:

_____
_____
_____
_____

Please include phone number and/or fax number

This authorizes you to provide a copy, summary or narrative of my medical records (as indicated by the checkmarks below) or otherwise release confidential information.

_____ Complete Record _____ Lab Results _____ X-Ray Reports
_____ Other (please specify) _____
_____ Medical record for the period _____ through _____

PLEASE FAX RECORDS TO OUR OFFICE UNLESS OVER 20 PAGES THEN WE REQUEST THEY ARE MAILED.

I fully understand the following conditions:

- My medical record and the information therein associated with the dates of treatment stated above may contain mental health, development disabilities, alcohol/substance testing, diagnosis and/or treatment for sexually transmitted diseases and/or AIDS/HIV test results.
- The medical record and/or medical information that are to be released herein are privileged and confidential and may be released only by proper authorization, except as required by law.

Purpose for which disclose is being made: _____

I understand that I may withdraw this authorization at any time and that is expires one years unless otherwise specified. All information released will be reviewed prior to release. The above information will not be given, sold, transferred or in any way relayed to any other person not specified in the consent form without the first obtaining my additional written consent.

_____ _____

Signature Of Patient **Date** **Signature Of Witness** **Date**

If the signature above is not that of the patient, I am acting for the patient because:

_____

My relationship to the patient is: _____ Signed: _____