



MEDICAL RECORDS RELEASE

The following pages are forms necessary to authorize the release of medical records.

PLEASE NOTE

One form authorizes the release of records FROM Georgia Pain and Spine Care to another organization, while the other form authorizes the release of records from another organization TO Georgia Pain and Spine Care.

Please fill out the appropriate form completely and fax or deliver it to our office.

If you have any questions, please call our office

GEORGIA PAIN AND SPINE CARE

1665 Hwy 34 East, Suite 100

Newnan, GA 30265

T (770) 252-7557

F (770) 252-7513

www.gapaincare.com



AUTHORIZATION TO RELEASE MEDICAL RECORDS

FROM GEORGIA PAIN AND SPINE CARE

I, _____ authorize Georgia Pain and Spine Care to release my medical records to the following person or organization:

Mail or Fax Records to: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Fax Number: _____ Fax to Attn: _____

Please note: All Faxes must be sent with HIPPA Fax Cover Sheet.

I understand that this information will include any and all treatment plans, medication issues, history of acquired immunodeficiency syndrome (AIDS), sexually transmitted diseases, human immunodeficiency virus (HIV) infection, behavioral health service/psychiatric care and evaluations, treatment for alcohol and/or drug abuse, or similar conditions.

The following information should not be released: _____

Patient's Name: _____ Patient's Acct #: _____

SSN: _____ DOB: _____

Patient's Signature: _____ Date: _____

Witness: _____ Date: _____

This form is valid for one year from patient signature date.



AUTHORIZATION TO RELEASE MEDICAL RECORDS

TO GEORGIA PAIN AND SPINE CARE

I, _____ authorize the following
person or organization, _____
to mail or fax my medical records to:

GEORGIA PAIN AND SPINE CARE Attn: _____
1665 Highway 34 East, Suite 100
Newnan, Georgia 30265
Phone: (770) 252-7557 Fax: (770) 252-7513

I understand that this information will include any and all treatment plans, medication issues, history of acquired immunodeficiency syndrome (AIDS), sexually transmitted diseases, human immunodeficiency virus (HIV) infection, behavioral health service/psychiatric care and evaluations, treatment for alcohol and/ or drug abuse, or similar conditions.

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