David N. Socoloff, DO
Board Certified Gastroenterologist

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Phone 404-282-5600
Fax 404-282-5599

GastroCare
Physicians of Georgia

PATIENT INFORMATION

Patient's name:_____ Date of Birth: ___/___/____

Address:_____

City/State/Zip Code: _____

Date of Request:___/___/____

OR

☐ I authorize GastroCare Physicians of Georgia **to release** information to:

_____
Name of Provider or Facility

Phone: _____

Fax: _____

☐ I authorize GastroCare Physicians of Georgia **to obtain** information from:

_____
Name of Provider or Facility

Phone: _____

Fax: _____

CONSENT FOR RELEASE OF MEDICAL INFORMATION INCLUDING, IF ANY, HIV, AIDS, PSYCHIATRIC, AND SUBSTANCE ABUSE

I hereby authorize the above physician/hospital/facility to release information including, if any, psychiatric or psychological information, infections or contagious disease information (including HIV/AIDS) and/or information about drug or alcohol abuse or treatment of the same from the health record.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

To release my:

☐ **Last two office notes,recent Lab reports, Radiology Studies,and any pertinent records sent to you by other physicians for continuity of care.**

☐ **Other as follows** _____

_____

Patient Name: _____

Patient/Legal Representative Signature:_____ Date: _____

Date: ___/___/____ Date at which this request will expire: ___/___/____

Madison
1680 A Eatonton Road
Madison, GA 30650