Southside Medical Care

1577 Mount Zion Road
Morrow, Georgia 30260
(770) 960-8900
Fax (770) 961-4790

CORPORATE OFFICE
6325 SHANNON PARKWAY
UNION CITY, GEORGIA 30291
(770) 964-1400
FAX (770) 306-1343

4945 Governors Drive
Forest Park, Georgia 30297
(404) 363-4360
Fax (404) 363-8837

Request and Authorization to Disclose and/or Copy Medical Information
(Protected Health Information)

Date: _____

I, _____ DOB: _____
Patient or legal representative name. Please print.

Do hereby authorize _____

Address: _____

Telephone: _____ Fax: _____

To disclose information of copies thereof covered under privacy regulations required by the HIPPA Act, 45 C.F.R. Parts 160 and 164 to Southside Medical Care 6325 Shannon Pkwy, Suite D Union City GA 30291 Attn: Medical Records Fax: 770-306-1343 in order to provide continuing medical care.

This authorization for release of information covers the period of healthcare from:

_____ (date) through _____ (date) or all past, present and future periods.

I authorize the release of my complete health record including records relating to mental healthcare, communicable or noncommunicable diseases, HIV or AIDS and treatment of alcohol or drugs or other substance abuse.

This request and authorization may be revoked at any time by written notice. This authorization shall remain valid until revoked, or upon the expiration of sixty (60) days whichever occurs first.

_____ Date: _____
Signature of patient or legal representative

_____
Printed name of patient or legal representative and his or her relationship to patient.