



993-D Johnson Ferry Road, N.E.  
 Suite 440, Atlanta, GA 30342  
 Phone: 404-257-0799  
 Fax: 404-256-5475

Jeffrey A. Blumenthal, M.D.  
 Stanley A. Cohen, M.D.  
 Dana M. Dykes, M.D.  
 Jose M. Garza, M.D.  
 Benjamin D. Gold, M.D.  
 Jay A. Hochman, M.D.  
 Tatyana Hofmekler, M.D.  
 L. Glen Lewis, M.D.  
 Jeffery D. Lewis, M.D.

Steven Liu, M.D.  
 Seth B. Marcus, M.D.  
 William F. Meyers, M.D.  
 Aminu Mohammed, M.D.  
 Dinesh G. Patel, M.D.  
 Edith S. Pilzer, M.D.  
 Larry M. Saripkin, M.D.  
 Olga M. Sherrod, M.D.

**Authorization for Release of Medical Information**

Patient's Legal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

<input type="radio"/> I authorize GI Care for Kids – Dr. _____ to obtain FROM OTHER DOCTORS, HOSPITALS, ETC:  _____ Name of Provider or Facility _____ Address _____ City, State, Zip Code _____ Phone # (include area code) _____ Fax # (include area code) _____	OR	<input type="radio"/> I authorize GI Care for Kids to release information to PARENTS, OTHER DOCTORS, ETC:  _____ Name of Provider or Facility _____ Address _____ City, State, or Zip Code _____ Phone # (include area code) _____ Fax # (include area code) _____
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PURPOSE FOR THIS REQUEST: (check one)  Healthcare  Insurance Coverage  Personal  Transfer of Care  Other

TYPE OF RECORDS REQUESTED: (check one)

All medical records related to a specific illness or injury

Specify illness/injury \_\_\_\_\_ Date of Treatment \_\_\_\_\_

Treatment summary (includes history/physical, laboratory tests & x-ray reports, operative reports, pathology)

Specific information (Select one or more, as applicable)

Procedure Report  History & physical  Laboratory test results  X-ray reports

Other \_\_\_\_\_

Copy of the entire medical record, as allowed by the law.

**I understand that:**

- My right to healthcare treatment is not conditioned on this authorization
- If the person or facility receiving this information is not a healthcare or medical insurance provider covered by privacy regulations, the information stated above can be disclosed.
- There will be a charge for the requested records. Doctors' offices will not be charged for requested records.
- Please allow 7-10 business days of this request for records to be available for pick-up or delivery

Signature of Patient or Representative: \_\_\_\_\_

Relationship to Patient (if requester is not the patient): \_\_\_\_\_

PLEASE FAX BACK TO (404) 503-2249

Revised: 6/2016

Satellite Locations:

Alpharetta, Athens, Cartersville, Cobb, Decatur, Douglasville, Fayetteville, Forsyth, Gainesville, Gwinnett, John's Creek, Stockbridge