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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: _____

OR	
<input type="checkbox"/> I authorize GI Care for Kids – Dr. _____ to obtain FROM OTHER DOCTORS, HOSPITALS, ETC:	<input type="checkbox"/> I authorize GI Care for Kids to release information to PARENTS, OTHER DOCTORS, ETC:
_____ Name of Provider or Facility	_____ Name of Provider or Facility
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, or Zip Code
_____ Phone # (include area code)	_____ Phone # (include area code)
_____ Fax # (include area code)	_____ Fax # (include area code)

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