

## **Authorization for Use or Disclosure of Protected Health Information**

	LAST	FIRST	MI
DATE OF BIRTH: _	/ /SS#:	MEDICAL RE	CORD #
ADDRESS	CITY	STATE	ZIP
DAY PHONE:	EV	ENING PHONE:	
I authorize the Perto:	rsonal Care Physicians of Atlanta to use	or disclose my protected health	n information as indicated belo
	Name of entity to rec	eive this information	
ADDRESS	CITY	STATE	ZIP
OR    Lauthorize			
i authorize		lease this information	
TD 1			
To release my pro	tected health information to the Person	al Care Physicians of Atlanta as	indicated below.
	rected health information to the Person  TO BE RELEASED:	al Care Physicians of Atlanta as  PURPOSE OF DISC	
INFORMATION T  □ From & To Da  □ History and p  □ Office notes  □ X-ray reports  □ Lab reports	TO BE RELEASED:  ates bhysical exam  rds (op notes, discharge summary)	PURPOSE OF DISC  ☐ Changing physicic Continuing care ☐ At patient reques ☐ Second opinion ☐ Legal	LOSURE: ians st ers' Compensation
INFORMATION T  From & To Da  History and p Office notes X-ray reports Lab reports Hospital record Medication record	ates	PURPOSE OF DISC  Changing physical Continuing care At patient requesed Second opinion Legal Insurance/Worked School Other:	LOSURE: ians st ers' Compensation
INFORMATION T  From & To Da  History and p Office notes X-ray reports Lab reports Hospital record Medication record	ates	PURPOSE OF DISC  ☐ Changing physical Continuing care ☐ At patient request ☐ Second opinion ☐ Legal ☐ Insurance/Work ☐ School	LOSURE: ians st ers' Compensation
INFORMATION T  From & To Da  History and p Office notes X-ray reports Lab reports Hospital reco Medication re Other:	ates	PURPOSE OF DISC  Changing physical Continuing care At patient requesed Second opinion Legal Insurance/Worked School Other:  xpiration Date or Define At patient Purple School Capacitation Date or Define Capacitation Date Or Def	LOSURE: ians et ers' Compensation d Event re Physicians of Atlanta in v
INFORMATION T  From & To Da History and p Office notes X-ray reports Lab reports Hospital record Medication record Other:  understand that this a	ates	PURPOSE OF DISC  Changing physical Continuing care At patient requesed Second opinion Legal Insurance/Worked School Other:  xpiration Date or Define At patient Purple School Capacitation Date or Define Capacitation Date Or Def	LOSURE: ians et ers' Compensation d Event re Physicians of Atlanta in v

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