



**FAMILY PRACTICE, PEDIATRICS, BEHAVIORAL HEALTH, CHIROPRACTIC,  
OPTOMETRY & DENTAL SERVICES**

**Medical Records Release**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Information to be used or disclosed must be identified in a specific and meaningful fashion (see checklist below). The purpose of the use and disclosure is to provide medical treatment and services. I hereby request copies of all records pertaining to my health history and medical care released to:

**EAST GEORGIA HEALTHCARE CENTER  
215 NORTH COLEMAN STREET, SWAINSBORO, GA 30401  
478-237-2638 PH 478-237-9138 FAX**

Requesting medical records from: \_\_\_\_\_

**PLEASE INCLUDE ALL INFORMATION CHECKED:**

- ☐ All Medical Records, Including Psychiatric
- ☐ All Medical Records, Except Psychiatric
- ☐ Colonoscopy Reports
- ☐ Current Medications
- ☐ Drug and Alcohol Tests
- ☐ EKG Reports

- ☐ HIV Records
- ☐ Hospital Records
- ☐ Immunization Records
- ☐ Laboratory Data
- ☐ List of Allergies
- ☐ Mammogram Results

- ☐ Pap Reports
- ☐ Progress Notes
- ☐ Psychiatric Records
- ☐ X-ray Reports
- ☐ Other: \_\_\_\_\_

**NO DISC – Please mail**

One time release \_\_\_\_\_

Coordination of Care (as long as patient is under the care of both providers) \_\_\_\_\_

This information about you is protected under federal law, and you have the right to revoke this authorization in writing. Please be advised, however that any revocation will be effective only to the extent we have not already taken action in reliance on your authorization. By signing below, you recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law. We will not condition treatment based on your authorization. You may refuse to sign the authorization.

\_\_\_\_\_  
Patient Signature or Personal Representative

\_\_\_\_\_  
Date

As a personal representative, I have authority to act for the individual because I am: \_\_\_\_\_