

Southwest Georgia Obstetrics/Gynecology



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HIPAA Compliant Authorization for Release of Medical Information

Allow 3-5 business days for processing

RECORDS RELEASED TO

RECORDS RELEASE FROM

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

INFORMATION TO BE USED OR DISCLOSED

PURPOSE OF DISCLOSURE

- _____ Entire Records
- _____ Last 2 Years
- _____ Lab Work
- _____ Pap smear
- _____ Other _____

- _____ Changing Doctor
- _____ Moving
- _____ Personal
- _____ Other

Are you pregnant? Yes No

INFORMATION TO BE DISCLOSED

Unless you sign here, no information about alcohol/substance abuse, HIV/AIDS or mental health issues, including ADD and ADHD will be disclosed. **ONE SIGNATURE REQUIRED HERE!** (ANY PATIENT AGE 14 AND OVER MUST PROVIDE SIGNATURE HERE.)

Yes, disclose this information. _____

No, do not disclose this information. _____

EXPIRATION DATE OF AUTHORIZATION

This authorization is effective through _____ unless revoked or terminated earlier by the patient or patient's representative.

You may remove or terminate this authorization by submitting a written revocation to Southwest Georgia OB/GYN. You should contact the Privacy Officer to terminate this authorization.

YOUR RIGHTS

- You may inspect or copy information used or disclosed under this authorization.
- You may refuse to sign this authorization.

By signing this form, you are releasing the above listed organizational/physician from legal ramifications for sending or receiving this information. This authorization and consent is in effect for 90 days. This authorization will terminate 90 days from the date appearing below. This form must be witnessed.

Patient Signature _____

Date _____

Patient Name (Please Print) _____

Social Security Number _____

Date of Birth _____

Witness Signature _____

Date _____

Fees for Copies: Federal and State law permit a fee to be charged for the copying of patient records. Southwest Georgia OB/GYN will send an invoice that can be paid by cash, check, or card.