



# 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 ADDHD 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.