



Main Office: 1088 A Baxter Street | Athens, GA 30606
Child and Adolescent Neurology Center: 1088 D Baxter Street | Athens, GA 30606
Neurodiagnostic and Sleep Center: 1088 E Baxter Street | Athens, GA 30606
Phone (706) 353-0606 | (800) 929-9502 Fax (706) 353-0798

Greensboro Office: 1000 Cowles Clinic Way | Suite 100A | Greensboro, GA 30642
Phone (706) 353-0606 | Fax (706) 353-0798

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Phone (706) 245-6094 | Fax (706) 353-0798

Demorest Office: 638 Historic Highway 441 N | Suite C | Demorest, GA 30535
Phone (706) 754-3022 | Fax (706) 353-0798

Request for Medical Records

To: _____

Address: _____

Fax: _____

I hereby request that my medical records be released to :

- | | | |
|---|---|--|
| <input type="checkbox"/> Edward S. Novey M.D. | <input type="checkbox"/> James A. Elmore M.D. | <input type="checkbox"/> Terry L. Wimpey M.D., Ph.D. |
| <input type="checkbox"/> Jon S. Poling M.D., Ph.D. | <input type="checkbox"/> Brian W. Mitchell M.D. | <input type="checkbox"/> Eric J. Pitts M.D. |
| <input type="checkbox"/> E. Brannon Morris III M.D. | <input type="checkbox"/> Kate J. Finley Ph.D. | <input type="checkbox"/> Holly K. Philpot MN APRN FNP-BC |
| <input type="checkbox"/> Crystal E. Sims MS APRN FNP-BC | <input type="checkbox"/> Lisa A. Swift MN APRN ANP-BC | <input type="checkbox"/> Christa C. Teasley MN FNP-BC |
| <input type="checkbox"/> Sarah E. Hamilton MN APRN FNP-BC | <input type="checkbox"/> Cary E. Childre MN APRN-BC | |

Please fax records to (706) 353-0798 or (706) 354-7973.

The following information is to be released (Please check):

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Clinic Notes | <input type="checkbox"/> Consultation | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Doctor's Orders | <input type="checkbox"/> ER Records |
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Neuropsychological |
| <input type="checkbox"/> Nurse's Notes | <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Pathology | <input type="checkbox"/> Photographs | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Psychosocial Notes | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> RX Records | <input type="checkbox"/> Therapy |

All of the Above Other (Please Specify) _____

Applicable Dates/Encounters (Please Specify) _____

Patient's Name

Patient's SS#

Date of Birth

Patient's Signature

Date

Parent's Name (If Minor)

Parent's Signature (If Minor)

I place no limitations on history or illness (including HIV and/or AIDS, genetic, drug dependency or psychiatric information) or diagnostic and therapeutic information, including any treatment for alcohol, drug abuse or psychiatric disorders. I authorize the inspection of the above information by the agency names/agency person and/or to the furnishing of a Photostat or other copies. I understand that, unless otherwise limited by state or federal regulations, I may withdraw this consent at any time by submitting my withdrawal request in writing. The withdrawal of this authorization does not affect any health information disclosed prior to Athens Neurological Associates receiving a written notice of withdrawal. I hereby release Athens Neurological Associates and officers, directors, agents, and employees from all liabilities, responsibilities, damages, losses and claims which might arise from the release of information authorized above. In furtherance of this authorization, I do hereby waive all provisions of the law and privileges related to the disclosures hereby authorized. I hereby acknowledge that I have read (or had someone read to me) the above statements, and that I fully understand the above statements, and do expressly and voluntarily authorize the disclosure of this medical information to the individual or agency named above. This release will expire exactly one year from the date signed unless specified otherwise.

