

Candler Internal Medicine

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Authorization to Release Confidential Medical Records

I, _____ hereby request and authorize

Patient or guardian Name

_____ to disclose and provide copies of any and all treatment

Practice Name

records and information concerning my care, which is in the possession of this person or entity, to:

Name of Doctor, Specialist, Consultant, Patient, Attorney, etc.....

Address

City State ZIP

Telephone Number

I Understand that these records include, but are not limited to: Personal patient information, medical and dental histories, examination records, radiographs, clinical photographs, treatment plans, treatment records, referral and consultation recommendations and reports, diagnostic models, any history of acquired immunodeficiency syndrome(AIDS), Sexually transmitted diseases, Human immunodeficiency virus(HIV) infection, behavioral health service/psychiatric care, treatment for alcohol and/or drug abuse, or similar conditions.

I understand that there may be information in these records that I would not want released.

I have been provided a copy of Candler Internal Medicine's *Notice of Privacy Practices* and any charges that may be associated with this authorization. I have discussed any concerns I may have about the use, release, disclosure of my health information with Candler Internal Medicine's Privacy Officer or other appropriate office personnel.

I understand that Candler Internal Medicine assumes no responsibility for the use or misuse by others of my health information disclosed under this authorization. I release Candler Internal Medicine from all legal liability that may arise from this authorization.

Patient's Signature: _____ Date: _____

If the signature above is not that of the patient, I am acting for this patient because: _____

Patient Name: _____ my relationship to the patient is _____

The patient or their representative may revoke this authorization by notifying in writing Candler Internal Medicine. Federal Law states that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining this authorization if such conditioning is prohibited by the Privacy Rule. Federal Law also requires a statement that there is the potential for the protected health information released under this authorization may be subject to disclosure by the recipient.