



*Family Psychiatry of Georgia, LLC*

4180 Providence Rd, #101, Marietta, GA 30062

**Consent for Release of Medical Information:**

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Phone :

I hereby authorize you to disclose protected health information (PHI), verbally or in writing, to the following individual(s):

Release From: Dr N R-Malla /Family Psychiatry of GA Release To: \_\_\_\_\_

Phone: 678-500-8510 Fax: 678-500-9846 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: 4180 Providence Rd, #101, Marietta, GA Address : \_\_\_\_\_

**Records Requested:** \_\_\_\_\_ Medical History/Physical Exam \_\_\_\_\_ Laboratory Reports \_\_\_\_\_ Consultations  
\_\_\_\_\_ Discharge Summary \_\_\_\_\_ Progress Notes \_\_\_\_\_ Psychiatric Reports/Tests \_\_\_\_\_ Psychological Reports  
\_\_\_\_\_ Teachers' Reports \_\_\_\_\_ Psychiatric Evaluation \_\_\_\_\_ Medications \_\_\_\_\_ Social History  
\_\_\_\_\_ Treatment Recommendations \_\_\_\_\_ Course of Treatment \_\_\_\_\_ Developmental Hx  
Other \_\_\_\_\_

**Dates of records requested:** From \_\_\_\_\_ - to \_\_\_\_\_

**Records shall be used for:** Consultation  Continuation of care  Second opinion  Legal purpose

**Please deliver records by:** Fax:  \_\_\_\_\_ U.S. Mail  Other

**This consent is valid for 30 days from the date signed.**

I hereby authorize "Release From" as stated above, to deliver to "Release To" as stated above the medical records as defined above by my \_\_\_\_\_ check marks. I, the patient or patient's representative have the legal right to inspect, copy and request delivery as specified of this Protected Health Information within the next 30 days in accordance with Public Law 104-191 (HIPAA-1996). I accept the responsibility for any fees that may be associated with this request.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(if patient is a Minor ≤18 yr age)

And, if divorced, second Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Legal Representative(s): \_\_\_\_\_

This request is confidential and intended for the addressee only. Disclosure, copying, altering or communication of this message if you are not the addressee is prohibited by law.