



Adult Primary Care Associates of Greater Gwinnett, LLC
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 Kenneth J. Sobel, M.D. Jane P. Rawlings, FNP-C
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Authorization to Release Medical Information

Patient Name (Print): _____
 Current Address: _____
 Home#: (____) _____ Cell#: (____) _____ Date of Birth: ____/____/____

Who has the information you would like released?

Dr. Name: _____ Business Name: _____
 Address: _____ Ste.# _____
 City: _____ State: _____ Zip: _____
 Phone# (____) _____ Fax# (____) _____

To Whom should the information be sent to?

Name: _____ Business Name: _____
 Address: _____ Ste.# _____
 City: _____ State: _____ Zip: _____
 Phone# (____) _____ Fax# (____) _____

Reason for Request:

- Selected new physician in the area
- Second Opinion/ Consult
- Change in Insurance
- Moving out of town
- Other: _____

Portion of records to be released:

- Entire Medical Records
- Other (describe in detail) _____

Restrictions: I understand that the recipient of this information may not use or disclose the information except for the express purpose indentified above, unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

Notice: Unless specified below, this authorization is for full disclosure of all records, including clinical findings, diagnoses, treatments, assessments, recommendations for further care, names of all health care personnel, dates of hospitalization and ambulatory visits, charges and any information that may be related to drug, alcohol, psychiatric conditions, and / or sexually transmitted diseases including HIV/AIDS information. By signing this form I acknowledge and understand there may be a charge for the administrator and copying of my medical records.

Exclusions (Please initial):

____ Drug / Alcohol ____ Mental Health / Psychiatric ____ Sexually Transmitted Disease
 ____ HIV / AIDS

The authorization is valid for one year or until _____, whichever comes first.

Patients Signature: _____ Date: _____

A Photocopy of this release is as valid as the original

I understand that this consent is only for the specific purpose stated and may be revoked at any time. The consent expires automatically when its purpose has been accomplished.