GEORGIA SPINE
& ORTHOPAEDICS

# AUTHORIZATION TO RELEASE MEDICAL RECORDS

Name of Patient ______________________________ Date(s) of Service ________________________

Date of Birth _________________________________ SSN __________________________________

I, the undersigned, authorize the release of, or requested access to the information specified below from the medical record(s) of the above-named patient. This information is being released to Georgia Spine & Orthopaedics for purposes of continued medical care.

- ○ Release all records
- ○ Release records from the following dates of service: _____________ through ___________
- ○ Release only the following specific records: _______________________________________

  ___________________________________________________________________________

The above information may be released to:

**Georgia Spine & Orthopaedics, LLC**

Drs. Erik Bendiks, Jeffry Dressander and Daryl Figa

11650 Alpharetta Hwy, Ste 100

Roswell, GA 30076

Email: Clinical@GaSpineOrtho.com

Fax: 770.338.9103

Phone: 404.596.5670

**FROM:**

_____________________________________________________________________________________

(Doctor, Hospital, Attorney, Insurance Company, Self, Etc.) Phone Number

_____________________________________________________________________________________

Address (street, City, State and Zip) Fax Number

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to disclosure by the recipient and no longer protected. I understand that the specified information to be released may include but is not limited to history, diagnoses, and/or treatment of drug abuse, mental illness, or communicable disease, including HIV/AIDS.

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization.

Signature: ___________________________________ Date: ___________________________________