Authorization: "General" Use & Disclosure of
Protected Health Information (PHI)

Requesting Medical Records From:____
Name of Person or Organization

Patient Demographic Information (Please print clearly)

*Last name:*______________________ *First name*:______________________ *DOB:*____________________

*Patient phone:*______________________________

Street Address

____

Release Protected Health Information to: ____________________________________
Name of Person or Organization

____
Telephone # *Fax #*

Specific Description of PHI to be used/disclosed:

___ Entire Medical Record ___ Radiology Report(s) ___ History & Physical

___ Laboratory Report(s) ___ Consultation Report (s) ___ Entire Billing Record

___ Other (please specify):____

Authorization Statement(s): I understand that Protected Health Information (PHI) used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by Federal or State Law. I understand that I have the right to revoke this authorization at any time. I understand that in order to revoke this Authorization, I must do so in writing and present my written revocation to the CA&A office where I received care. I understand that the revocation will not apply to information that has already been used or disclosed in response to this authorization. I understand that CA&A cannot require me to sign this Authorization as a condition of treatment unless the provision of healthcare is solely for the purpose of creating PHI for disclosure to a third party legally authorized to receive such information. I understand that I can request a copy of this Authorization at any time.

Date & Signature

____
Date

______________________ ______________________________________
Print Patient Name *Print Name of Legal Guardian/Authorized*

______________________ ______________________________________
Patient Signature *Signature of Legal Guardian/Authorized Personal Representative*

~Center for Allergy & Asthma of Georgia ~
690 Dallas Hwy Suite 101 Villa Rica, GA 30180
phone ~ 770-459-0620 fax ~ 770-456-7604