



NORTH ATLANTA PEDIATRIC ASSOCIATES
1100 Lake Hearn Drive Suite 100 Atlanta, GA 30342
(P) (404) 256-3178 (F) (404) 256-3583

to release my health information as noted below:

City: _____ State: _____ Zip: _____ Phone #: _____

[illegible]

Purpose of Request: Personal Treatment Legal Insurance Transfer Other:_____

☐ Progress Notes ☐ Radiology Reports ☐ Labs
☐ Operative Reports ☐ Injections ☐ Physical Therapy
☐ Other:

<input type="checkbox"/> Send by Email	<input type="checkbox"/> Fax to Doctor	<input type="checkbox"/> Records on Paper
<input type="checkbox"/> Records on CD		

Pursuant to HIPAA 45 CFR, 164.524, we reserve the right to charge a reasonable cost-based fee for producing and mailing the copies. If you want the entire medical record, the rate will increase proportionally based on the cost. At no time will the cost-based fees exceed Ga. Code Ann., § 31-33-3

I understand that: I may refuse to sign this authorization and that it is strictly voluntary. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation. **Unless otherwise revoked, this authorization will expire on the following date, event or condition:** _____ *If I do not specify expiration this authorization will expire in 90 days.* If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by Federal Privacy Regulations and may be disclosed. I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it. I can request a copy of this form after I sign and date it.



Signature*: _____ **Date:** _____

** For non-emancipated minors under the age of 18, a parent or guardian must sign release form. If patient is unable to sign, a copy of the legal documentation for patient's representative must be supplied with a copy of this form.*