

East Georgia Women's Center, P.C.
OBSTETRICS, GYNECOLOGY & INFERTILITY
~ George A. Palmer, M.D.~
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Release/Obtain Medical Information Authorization

I give my permission for **East Georgia Women's Center** to:

Send Records to: _____ or

Get Records From: _____

Phone: _____ Fax: _____

the following information: _____

I consent only to the release of information specifically named above and only to the specific person or agency named above. The purpose of this information is: _____. I understand that I may withdraw my permission for the use of this information at any time except to the extent that it has already been used as previously authorized to take action in my behalf. In all cases, any consent given hereby shall have a duration no longer than that reasonable necessary to effectuate the purpose for which said consent is given. If I do not later withdraw this permission, it is my understanding that it will given. If I do not later withdraw this permission, it is my understanding that it will automatically expire (60) days from the date of the signature. I am aware and specifically waive any privilege protected from disclosure by state and federal confidentiality status, regarding the following and other information which may or may not be contained in these records:

- a.) communication made by me to a psychiatrist (o.c.g.a. section 24-9-21)
- b.) communication made by me to a licensed applied psychiatrist (o.c.g.a. section 43-39-16)
- c.) medical information concerning drug dependence (o.c.g.a. section 26-5-17)
- d.) medical information concerning alcohol and drug dependence (o.c.g.a. section 37-7-166)
- e.) medical information concerning mental retardation (o.c.g.a. section 37-4-125)
- f.) medical information concerning alcohol and drug abuse (42 cfr, part 2)
- g.) medical information concerning acquired immune deficiency syndrome (AIDS)

Patient Name: _____ DOB: _____

Signature: _____ SS#: _____

Address: _____

Date Request Faxed: _____ Initials: _____

Date Records Received/Faxed: _____ Initials: _____