The ENT Center of Central Georgia

The Surgery Center • Georgia Hearing Institute • The Allergy Clinic

540 Hemlock Street
Macon, Georgia 31201
(478) 743-8953

6084 Lakeview Road
Building B, Suite 100
Warner Robins, Georgia 31088
(478) 333-2235

FAX 478-743-1963

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

PATIENT INFORMATION (please print):

Patient Name: _____

Date of Birth: _____SSN:_____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

RELEASE MY RECORDS TO:

Name: _____ Telephone: _____ Fax: _____

FROM:
Name: _____ Telephone: _____ Fax: _____

Information to be disclosed:

_____

_____

_____

By signing below, you hereby authorize us to use or disclose information about yourself (or another person for whom you have the authority to sign) that is protected under Federal Law, for the sole purpose and time period below. You may refuse to sign this authorization. Subject to certain exceptions, you have the right to inspect and copy the protected health information.

Patient/ Guardian: _____ Date: _____

Relationship to Patient: _____