GEORGIA DEPARTMENT OF PUBLIC HEALTH

NAME OF INDVIDUAL/CONSUMER/PATIENT APPLICANT	
DATE OF BIRTH	
If Known:	
Patient Medical Record #	Patient SSN#

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize: ____

(Name of Person or Agency Requesting Information)

____

(Address)

to obtain from: ____

(Name of Person or agency Holding the information)

____

(Address)

The following type(s) of information from my records (and any specific portion thereof): _______________________

____

for the purpose of: ____

____

*I understand that the federal Privacy Rule (HIPAA) does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the receipient, I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization, I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand the my authorization will remain in effect for (**PLEASE CHECK ONE)***

- ☐ *Ninety (90) days unless I specify an earlier expiration date here ___________________*
- ☐ *One (1) year*
- ☐ *The period necessary to complete all transactions on matters related to service provided to me.*

I understand that unless otherwise limited by State or Federal regulations, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

_______________________________ ____

(Date) (Signature of Individual/Consumer/Patient/Applicant)

____________________________ ____

(Date) (Signature of Parent or other legally Authorized Representative, where applicable)

______________________________________ ____

(Signature of Witness) (Title or Relationship to Individual)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

____ ____

(Date this authorization is revoked by Individual) (Signature of Individual or legally authorized Representative)

Form Revised 6/6/2017