Authorization to Release Protected Health Information
Atlanta Area Family Psychiatry Clinic, PC
7000 Peachtree Dunwoody Road, Building 16, Suite 100
Atlanta, Georgia 30328-5754
770-393-1880 FAX: 770-393-1885
www.AAFPC.net

Last: _____First: _____ MI: _____ _____/_____/_____
Print Patient's Full Name **Patient's Date of Birth**

_____ _____ (____)_____-_____
Print name of Parent, Legal Guardian, or Patient (if 18 years or older) **Day Phone**

Check (√) one: I am the Patient (18 years of age or older) ☐; or Parent or Legal Guardian with custody ☐
Relationship to the patient: _____

Records to be released **TO** ☐ or **FROM** ☐ or **TWO Way-TO & FROM** ☐
Atlanta Area family Psychiatry Clinic, Check physician or therapist:

☐ **Robert M. Slayden, M.D**	☐ **Lyndon D. Waugh, M.D.**	☐ **LeNora M. Ashley, M.D.**
☐ **Todd W. Iwanicki, M.D.**	☐ **Elizabeth R. Slayden, M.D.**	☐ **Sarah Neely, M.D.**
☐ **Angel L. Perez, M.D.**	☐ **Susan S. Kirsch, M.D.**	☐ **Betsy A. Gard, Ph.D.**
☐ **Laura L. Mette, L.C.S.W.**	☐ **Polly P. Hart, L.C.S.W.**	☐ **Will Hart, L.C.S.W.**

FROM ☐ or **TO** ☐ or **TWO Way-TO & FROM** ☐ whom you would like records to be exchanged:
3rd Party: _____
☐**Mail:**
_____ _____
Street Address or PO Box Number
_____, _____ _____
City **State** **Zip**
OR
☐**Please fax or mail records: Fax to: (____) _____-_____**
Telephone: (____) _____-_____

Applicable Dates of Service: from _____ to _____
The purpose for which this release is being requested is:
☐**Coordination of or Continued Care;**
☐**Legal Action/Review**
☐**Insurance Reimbursement**
☐ **Other (specify) _____;**
☐**Undeclared**
Any disclosure of information by the recipient(s) is prohibited.

This authorization expires _____ (insert applicable date or insert "no expiration designated") or in 6 months (12 months for school requests), whichever is shorter, and no further use/disclosures may be made after the expiration. Authorizations apply only for medical records for specified treatment dates prior to and on the date of signature, unless otherwise specified.
Specified exceptions for future-dated releases are: School _____ Other _____

Date: ____/____/ 20___ Signature: _____

Witness: _____