

FIRST CHOICE PRIMARY CARE

770 Walnut Street
Macon, Georgia 31201

(478) 787-4266 Ph
(478) 787 -4199 Fax

RELEASE OF INFORMATION

I authorize First Choice Primary Care to discuss the medical treatment, results of any labs or x-rays or other procedures with the following individual(s) such as spouse or parent(Parents please note that the person that you authorize to bring in your child will have to present I.D. at the time of visit.)

Name	Relationship
Name	Relationship
Name	Relationship

This authorization will remain in effect until the following date(s): _____

Signature of Patient or legal representative _____ Date

If signed by Legal Representative:

Relationship to Patient (authority to act on patient's behalf) _____ Date

Purpose for Need of Disclosure: At the release of the individual

I understand that the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information might be redisclosed without obtaining my authorization.

I understand that I have the right to:

- Receive a copy of this authorization
- Refuse to sign this authorization and that treatment, payment, enrollment in a health plan or eligibility for health care benefits may not be contingent on my signing this authorization.

Revoke this authorization, except to the extent that the person(s) and or organization(s) listed above have already made in reference to this