

**Martinez Urgent Care**

210 Oak Street

Martinez, GA 30907

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Phone: (706) 855-1755

Fax: (706) 863-2587

**Authorization To Release Confidential Medical Information**

**Name (PRINT):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby authorize Martinez Urgent Care to:

Transfer the following information to:

Receive the following information from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* Please include phone number and/or fax number\* \***

This authorizes you to provide a copy, summary or narrative of my medical records (as indicated by the checkmarks below) or otherwise release confidential information.

- Complete Record       Lab Results       X-Ray Reports
- Other (please specify) \_\_\_\_\_
- Medical records for dates \_\_\_\_\_ through \_\_\_\_\_

**PLEASE FAX RECORDS TO OUR OFFICE UNLESS OVER 20 PAGES THEN WE REQUEST THEY ARE MAILED.**

**I fully understand the following conditions:**

- My medical record and the information therein associated with the dates of treatment stated above may contain mental health, development disabilities, alcohol/substance testing, diagnosis and/or treatment for sexually transmitted diseases and/or AIDS/HIV test results.
- The medical record and/or medical information that are to be released herein are privileged and confidential and may be released only by proper authorization, except as required by law.

**Purpose for which disclosure is being made:** \_\_\_\_\_

I understand that I may withdraw this authorization at any time and that it expires one year unless otherwise specified. All information released will be reviewed prior to release. The above information will not be given, sold, transferred or in any way relayed to any other person not specified in the consent form without the first obtaining my additional written consent.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

ROGER D. BROWN, M.D.

ANNA BETH BROOKS, APRN

NICOLE KLINE, APRN

KELLEY MILLER, APRN