PIEDMONT WOMEN'S HEALTHCARE

Piedmont Women's Healthcare
A Division of Atlanta Women's Healthcare Specialists
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Personal Health Information (PHI) Release Authorization Form

(Please Print)

Patient Information	Name: ______________________ Date Of Birth: ______________________ Age: ______________________ SSN: ______________________ Address: ______________________ City: ______________ State: __________ Zip Code: ______________ Mobile Phone: ______________ Home Phone: ______________ Is there another name that your chart could be listed under? ______________ If yes, what is the name? ______________________
Healthcare Facility / Provider	Person/Organization: ______________________ Street Address: ______________________ City/State/Zip: ______________________ Phone: ______________ Fax: ______________
Recipient	Person/Organization: ______________________ Street Address: ______________________ City/State/Zip: ______________________ Phone: ______________ Fax: ______________
Information	Specific medical records to be released ☐ Complete medical records including all office notes and lab results (Including records related to HIV, if applicable) ☐ Lab reports dated ______________ Specific type ______________ ☐ Medical records from ______________ to ______________ ☐ Other (be specific) ______________________
Purpose of Release	☐ Out of town move ☐ Consult / second opinion ☐ Insurance change (new insurance company ______________) ☐ Transferring care to new physician (please tell us why) ______________________ ______________________ ☐ Legal ☐ Personal ☐ Other (be specific) ______________________ ______________________
Authorization	I understand that this authorization will be effective for 12 months unless cancelled by me in writing and that my cancellation will take effect when the provider receives written notice. X______________________ X______________ Patient Signature Date Authorization I authorize the above listed provider to release my PHI as I have indicated
Staff Use Only	Info Released By: ______________ Date: ______________

Updated: 04/20/2023