



NORTH GEORGIA FAMILY MEDICINE

Thomas D. Gary, MD

Crystal Bailey Gary, MD

49 Weaver Road, Suite A • Blairsville, Georgia 30512

Phone: 706-745-9417

Fax: 706-439-6482

Medical Records Release

To ensure that your medical records are held in the utmost confidentiality, please be as explicit as possible as to where you want them sent.

Name _____

Address _____

Street City State ZIP

Home phone _____ Work phone _____

Date of birth _____ Social Security Number _____

Please transfer my medical records as follows:

From: _____ To: _____

Records to be released:

Annual exam and Pap smear / Prostate

Labs/Xray/Imaging

All medical records

Other _____

I understand that my medical records are protected under state and federal confidentiality regulations. Disclosure of information regarding drug and/or alcohol abuse and treatment, confirmed sexually transmitted infections (including testing or treatment for HIV/AIDS), and diagnosis of mental illness or psychiatric care cannot be released without my written consent.

This consent can be revoked by me at any time unless action has been taken in reliance on it. If not previously revoked, this consent will terminate in 90 days.

Signature Date

Witness Date