



## MEDICAL RECORDS RELEASE REQUEST

JOHNS CREEK · CUMMING · ALPHARETTA

Ph: 404-446-2496 Fax: 404-446-2497

www.reyesobgyn.com

### Patient Information:

Patient Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City, State and Zip: \_\_\_\_\_

I, \_\_\_\_\_ authorize the above listed person/s, firm, or entity (or its agents, representatives or employee) to release for inspection and copying and use, any and all of the Personal Health Information (PHI) listed below that pertains to my treatment, hospitalization or care from date/s of: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### To / From:

Modern Ob/Gyn of North Atlanta  
10692 Medlock Bridge Road, Suite 100-A  
Johns Creek GA 30097  
Fax: 404-446-2497  
Office: 404-446-2496

### To / From:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Note:** All records requests that come *into* our office will initially be processed by our Medical Records Coordinator. From that point, requested information will be forwarded to the provider for approval and signature. No records are to be released without the provider's approval, and Administrative Certification. Please note, there will be a Fee of \$35.00 if the records are released **to you** directly.

### What Records Do You Need:

- |   |  |
|---|--|
| <input type="checkbox"/> Entire Record      | <input type="checkbox"/> Ultrasound/Radiology/Xray Reports |
| <input type="checkbox"/> Operative Reports  | <input type="checkbox"/> Pathology Reports                 |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Labor & Delivery Records          |
| <input type="checkbox"/> Other: _____       | <input type="checkbox"/> ER/Hospital Reports               |

Reason For Records Request:  Relocation  Insurance Change  Patient Discontent  
 Second Opinion  Employment/Insurance Request  Other: \_\_\_\_\_

Patient Signature Of Release: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Staff Initials  
\_\_\_\_\_  
Date Completed  
Faxed/Mailed (circle one)