Patient Authorization to Request Outside Medical Information

This form allows FAR-GA to request records on your behalf

Foot and Ankle Reconstruction Center of Georgia

1025 East Freeway Drive SE, Conyers, GA 30094
Phone: 770-929-3338 Fax: 770-760-7942

Patient Name ____________________ Date of Birth ____________ Last 4 digits SS# __________

Address ______________________ City ______________ State ______ Zip __________

Phone # ______________________ Email ______________________________

I hereby authorize Foot and Ankle Reconstruction Center of Georgia, its medical staff, employees, and their representative to request my protected health information from the following medical entity:

Name of Facility____

Address ______________________ City ______________ State ______ Zip __________

Phone # __________________Fax # __________________ Email ____________________

Information I want sent to Foot and Ankle Reconstruction Center of Georgia:

- ☐ Progress Notes
- ☐ Diagnostic Test
- ☐ Operative Notes
- ☐ X-rays
- ☐ MRI/CT Results
- ☐ Laboratory Test Results
- ☐ Other: ____________________

This authorization will not expire except when revoked by the patient, legal guardian, power of attorney, or healthcare surrogate. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written request to Foot and Ankle Reconstruction Center of Georgia. I understand that the revocation will not apply to information that has already been received in response to this authorization. I understand FAR-GA will not condition treatment or payment based on this authorization or revocation of authorization unless otherwise authorized by law. A copy of this authorization may be utilized with the same effectiveness as the original. I am entitled to receive a copy of this authorization.

____ ____________________
Signature of Patient/Guardian/Power of Attorney/Healthcare Surrogate Date

____ ____________________
Printed Name Relationship to Patient if Applicable

FAR-GA
Foot and Ankle Reconstruction Center of Georgia