WOMEN'S
CENTER OF ATHENS

1181 Langford Drive, Bldg 300,
Suite 101 Watkinsville, GA 30677

Call 706-227-8999
Fax 706-227-6118

Melissa Anderson, M.D.
Camille McPherson, M.D.
Melissa Halbach, M.D.
Natalie Romines, CNP.

Authorization For Release Of Medical Information

Patient Name _____ Date of Birth _____/_____/_____
(First) *(Last)*

Address _____
(Street Mailing Address) *(City)* *(State)* *(ZIP Code)*

I REQUESTED RECORDS FROM : Women's Center of Athens located at 1181 Langford Drive, Bldg 300, Suite 101, Watkinsville, GA 30677

I REQUESTED RECORDS TO BE RELEASED TO:

Name _____ Phone _____

Address _____ Fax _____
(Street Mailing Address) *(City)* *(State)* *(ZIP Code)*

Items to release ☐ All Records ☐ GYN Records ☐ OB Records ☐ Labs

☐ Other _____

Beginning Date _____/_____/_____ Ending Date _____/_____/_____

Authorization: I authorize the release of my medical records as specified above, including human immunodeficiency virus, psychiatric, drug/alcohol abuse records, venereal diseases and any other statutory protected diseases for the purpose of: _____

_____
Signature of Parent/Guardian

FOR OFFICE USE ONLY

Records requested/sent: Name _____ Date _____/_____/_____

Sent via : ☐ Mail ☐ Fax ☐ Pick-up by patient