North Fulton Internal Medicine Group, P.C.

Tiffany Edwards Madison, M.D.
Robert Young, PA-C
Andrea Castro, PA-C

Sandy Gilliard
Practice Manager

Charity Q. Boulton, C.M.P.E
Chief Administrative Officer

Medical Records Release Request

I hereby request and authorize_____ to release information from the medical record of:

PATIENT NAME_____

SS#: _____ **DOB:** _____

Information requested to be released: _____

From: _____

_____

_____

To: **North Fulton Internal Medicine Group**

2500 Hospital Blvd., Ste. 250, Roswell, GA

30076 **Phone #: (770)442-1112 Fax #:**

(770)740-2990

The reason for releasing this information: **PCP/ continuation of care**

I place no limitations on the medical information released including conditions related to the treatment or mention of alcohol or drug abuse, HIV/AIDS, or psychiatric disorders. I release NFIMG and its employees from any responsibility or liability for the release of medical information.

_____

Patient Signature **Date**