North Fulton Internal Medicine Group, P.C.

Philip G. Huff, M.D.
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 **North Fulton Internal Medicine Group** to release information from the medical record of:

PATIENT NAME_____

SS#: _____ **DOB:** _____

Information requested to be released: _____

From: North Fulton Internal Medicine Group
2500 Hospital Blvd. Ste 250
Roswell, GA 30076
Phone # 770-442-1111/ Fax # 770-740-2990

To:_____

_____

_____

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**