



Philip G. Huff, M.D.
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Robert Young, PA-C
Andrea Castro, PA-C

Medical Records Release Request

Sandy Gilliard
Practice Manager

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

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)442-1111 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