Request for Release of Medical Records

*** Please send a copy of this release with the requested records.***

GREGORY S. SMITH, M.D.
Board Certified Gastroenterology & Hepatology
MARY DOTSON, DNP, RN, FNP
Board Certified Nurse Practitioner
TANDEKAH SCOTT, RN BSN
AGC & AE Practice Administrator & Manager

Athens Gastroenterology Center, PC
Athens Endoscopy, LLC

Patient Information (Please Print):

Patient Full Name: _____ Previous Name/Nickname: _____

Date of Birth: _____ SSN: _____ **Phone:** _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

I authorize release of my medical records FROM:

Physician/Facility/Person: _____

Phone: _____ **Fax:** _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

I authorize release of my medical records TO:

Gregory S. Smith, MD
Mary Dotson, NP

Athens Gastroenterology Center

21 Jefferson Place, Suite 1, Athens, GA 30601 (706) 548-0058* Fax (706) 548-0555*

Release of Information Reason:

☐ Change of insurance ☐ Transfer of care ☐ Specialist consultation ☐ Legal ☐ Other

☐ Other: _____

Please only forward GI related records and most recent labs unless otherwise indicated.

Please release the following (*check all that apply*):

☐ Recent H&P ☐ Last 3 visits ☐ Hospital Reports ☐ Radiology

☐ Stool Studies ☐ Lab Reports ☐ Path/Cytology Report

☐ Endoscopy Report (Colonoscopy, Flex. Sigmoid, EGD, dilatation, ERCP)

☐ Other: _____

☐ Dating from: _____

I authorize the release of all information indicated, and I am aware that the records released may contain information related to psychiatric or psychological testing, physical abuse, drug and alcohol abuse, and any illness or disease I may have including STD or HIV/AIDS.

By signing, I am authorizing the release of all information indicated:

Patient or Guardian Signature_____ **Date:** _____

Witness Signature: _____ **Date:** _____

Note: This consent is valid for 90 days from date signed. It may be revoked by the signer at any time. Please allow 30 days for release of medical records from Athens Gastroenterology Center. If records are needed sooner, please inform our staff as soon as possible to speed the process. Incomplete information will delay processing. This information is for the use of the designated recipient only and cannot be provided to any other agency.