Eastside Premier Nephrology & Hypertension
1612 Milstead Rd, Suite A Conyers GA 30012

RELEASE OF INFORMATION

Name_____ DOB_____

Address:_____

Home Phone_____ Work/Cell Phone_____

Please Transfer my Medical Records To:

Eastside Premier Nephrology & Hypertension, PC **Phone: 678-413-3261**
1612 Milstead Road, Suite A **Fax: 678-413-3580**
Conyers, GA 30012

Please Release the Following Medical Records:

- ☐ **Doctor's Note/Office Notes**
- ☐ **Lab Results**
- ☐ **X-Ray, MRI, MRA, EKG, CT, Ultrasound Results**
- ☐ **Medication Lists**
- ☐ **All Medical Records**

I understand that my medical records are protected under State and federal confidentiality regulations. Disclosure of Information regarding drug/alcohol abuse and treatment, confirmed sexually transmitted infections/diseases including testing for HIV/AIDS, and diagnosis of mental care or psychiatric care cannot be released without my written consent.

EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION SHALL NOT BE HELD LIABLE IN ANY WAY FOR RELEASING THIS INFORMATION.

Please initial the box below if you DO NOT want any of the following record released. All applicable records will be released if nothing is initialed.

- ☐ **Drug and/or alcohol abuse, diagnosis or treatment**
- ☐ **HIV/AIDS testing and/or treatment**
- ☐ **Psychiatric care and/or mental illness**
- ☐ **Confirmed STI results and/or treatment**

I can revoke this consent at anytime unless action has been taken in reliance on it. If not previously revoked this consent will terminate in 90 days.

Signature_____ Date _____

Witness_____ Date_____