

Hartwell Family Practice, P.C.

229 Athens Street
Hartwell, Georgia 30643
(706) 376-3957
Fax: (706) 376-1356

Medical Records Release to Hartwell Family Practice, P.C.

Patient's name _____ Social Security _____ Date of Birth _____

Which physician at Hartwell Family Practice would you like to receive your records?

_____ Edward Wysong, M.D. _____ JoDon Garringer, M.D.
_____ E. Wade Walker, M.D. _____ B. Jamison White, D.O.

From whom do you wish to forward your medical records to Hartwell Family Practice, P.C.?

Name of person/Facility, Address, Phone or fax number as applicable

Please forward the following information to Hartwell Family Practice, P.C.

complete medical record partial record specific date _____

Including information in reference to: (check all that apply)

drugs and/or alcohol abuse Psychiatric
 venereal disease Social services
 Hepatitis B testing/treatment HIV testing/treatment
 Other _____

Why are you requesting that your records be sent to Hartwell Family Practice?

This authorization is valid for 90 days and may be revoked in writing at any time, except to the extent that action has already been taken in response to this authorization. I also release Hartwell Family Practice, P.C. from any liability or legal responsibility in connection with the release of the above information. I do not give permission for any other use or re-disclosure of this information.

I also accept the risk and consequence of faxing medical records.

Patient Signature _____ Guardian Signature (if under 18) _____ Telephone _____ Date _____

****PLEASE MAIL/FAX RECORDS TO THE ADDRESS ABOVE****

Below is for HFP Use Only

Date Sent: _____ Initial: _____