229 Athens Street
Hartwell, Georgia 30643
Telephone (706) 376-3957
Facsimile (706) 376-1356
Records Facsimile (706) 377-2814

E. Wade Walker, M.D. • JoDon Garringer, M.D. • B. Jamison White, D.O.
Brad Jones, FNP • MacKenzie Cheek, NP-C • Austin Darbyshire, FNP

# CONSENT TO RELEASE

This form allows you to decide who you would like for the physicians or their representative to speak with about your medical care in this office. This includes but is not limited to laboratory results, test results, treatment options, and billing information. **We will not be allowed to speak with anyone that is not listed on this form including parents, spouses, and children.**

Patient Name: _____

Date of Birth: _____

_____ I DO NOT want my information discussed with anyone other than myself. I understand that my provider will not be able to speak with my spouse, child(ren), or parents.

_____ I give permission for the providers and their representatives to discuss my medical care as outlined above with the following people:

| _____ | _____ | _____ |
|---|---|---|
| Name | Relationship | Telephone |
| _____ | _____ | _____ |
| Name | Relationship | Telephone |
| _____ | _____ | _____ |
| Name | Relationship | Telephone |

I understand that I can change this decision in writing at any time.

| _____ | _____ |
|---|---|
| Patient or Guardian Signature | Date |