



Christ the King Medical Center  
3531 – 3533 Highway 81 South  
Loganville, GA 30052

CHRIST THE KING MEDICAL CENTER

AUTHORIZATION OF INFORMATION RELEASE

Patients Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Social Security No. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you do not authorize the release of information on any of the following, please indicate by a “NO” on the blank

I authorize \_\_\_\_\_ to release the following information:

- |   |   |
|---|---|
| <input type="checkbox"/> Physician Notes  | <input type="checkbox"/> History & Physical |
| <input type="checkbox"/> X-ray Reports  | <input type="checkbox"/> Cardiology/EKG     |
| <input type="checkbox"/> Consultation   | <input type="checkbox"/> Laboratory Results |
| <input type="checkbox"/> Operative Notes  | <input type="checkbox"/> Discharge Summary  |
| <input type="checkbox"/> Immunization Records                                     | <input type="checkbox"/> List of Medication |
| <input type="checkbox"/> Old Records from Previous Providers                      |   |
| <input type="checkbox"/> Infectious Disease (Including HIV/AIDS) information      |   |
| <input type="checkbox"/> Psychiatric/ Psychological Records                       |   |
| <input type="checkbox"/> Records Pertaining to Drug or Alcohol Abuse or Treatment |   |

This information will be released to:

- |                                   |                          |
|-----------------------------------|--------------------------|
| <input type="checkbox"/> Hospital | Name of Hospital _____   |
| <input type="checkbox"/> Provider | Name of Consultant _____ |
| <input type="checkbox"/> Attorney | Name of Provider _____   |
| <input type="checkbox"/> Other    | Name of Attorney _____   |
|                                   | Entity _____             |

This information will be used for: \_\_\_\_\_

I understand that this Consent for Release of Information is subject to revocation by the undersigned at any time, except the extent that action has already been taken in reliance thereon. Unless otherwise stated below, this consent will automatically expire one hundred eighty (180) days from the date signed.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_