

John E. West, M.D., P.C.
Authorization for Use/Release of Health Information
Request from Previous Provider

By signing this form I authorize my previous health provider, _____
to release the protected health information described below to my new provider:

John E. West, M.D., P.C.
2295 Henry Clower Blvd, Ste. 101
Snellville, GA 30078
770-972-4871 770-979-3782 fax

This authorization expires upon fulfillment of request unless noted with expiration date. _____
Expiration Date

I authorize the following information to be sent to the address above per continuation of care:

_____ Medication List

_____ Medical records for the last two years. This would include office notes, lab, x-ray, other testing.

I understand that John E. West, M.D., P.C. assumes no responsibility for the use or misuse by others of my health information disclosed under this authorization. I release John E. West, M.D., P.C. from all legal liability that may arise from this authorization.

Patient Name (Please Print) _____

Patient Signature _____ Date _____

If the signature above is not that of the patient, I am acting for the patient because _____ .

My relationship to the patient is: _____ Signed _____

I understand that this information may include any history of acquired immunodeficiency syndrome (AIDS); sexually transmitted diseases; human immunodeficiency virus (HIV); behavioral health service/psychiatric care; treatment for alcohol and/or drug abuse; or similar conditions.

By signing below I request that this protected information not be included with my records. I understand that this information will be included otherwise.

Patient Signature _____ Date _____

The patient or their representative may revoke this authorization by notifying in writing John E. West, M.D., P.C. designated Privacy Officer. Federal law states that treatment, Payment, enrollment, or eligibility for benefits may not be conditioned on obtaining this authorization if such conditioning is prohibited by the Privacy Rule. Federal law also requires a statement that there is the potential for the protected health information released under this authorization to be subject to redisclosure by the recipient.