



402 W. Ponce de Leon Ave.
Decatur, GA 30030
P: 404-537-2521
F: 404-601-6727
ponceprimarycare.com

Effective 2/9/10

HIPAA Privacy Authorization Form Authorization for Use of Disclosure of Protected Health Information

1. I hereby authorize _____ to use and/or disclose the protected health information described below to:

Chad D. Costley, MD
Ponce Primary Care
402 W. Ponce de Leon Ave.
Decatur, GA 30030
Phone: 404-537-2521
Fax: 404-601-6727

2. Authorization for Release of Information covers (Check One):

- The period from _____ to _____
- All past, present and future periods

3. I hereby authorize the release of my complete health records with the exception of:

- No exceptions
- Mental health records
- Alcohol/drug abuse treatment
- Other (please specify): _____

4. This medical information may be used by Ponce Primary Care for medical treatment or consultation or other purposes as I may direct.

5. This authorization shall be in force (check one):

- Until the following date: _____
- Indefinitely

Signature of Patient or Representative: _____

Print Patient or Representative: _____

Relationship to Patient: _____

Date: _____