



# REAGAN MEDICAL CENTER, LLC

2878 Five Forks Trickum Rd., Lawrenceville, GA 30044 Tel: 678-344-8700  
Hamilton Medical @ 3685 Braselton Hwy, Dacula, GA 30019 Tel: 678-546-9800  
10160 Medlock Bridge Road, Johns Creek, GA 30097 Tel: 678-387-1600  
All locations Fax: 678-344-8600 Reaganmedical.com

## AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Date \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ hereby request and authorize  
(Patient's Name) (Date of birth)

\_\_\_\_\_  
(Doctor or Facility Name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ to release my health care information/medical records to  
Phone Number

\_\_\_\_\_ MD/DO/PA-C at Reagan Medical Center, LLC.

I AUTHORIZE THE RELEASE OF ALL MY MEDICAL RECORDS TO REAGAN MEDICAL CENTER, LLC. I ALSO AUTHORIZE THE RELEASE OF MY STD RESULTS, WHETHER NEGATIVE OR POSITIVE AND RELEASE OF ANY RECORDS REGARDING DRUG, ALCOHOL OR PSYCHIATRIC ILLNESS OR TREATMENT.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
Name & Signature of Parent/Guardian (if patient <18yrs of age)

### Office Use Only

This request and authorization applies to:

\_\_\_ Health Care information relating to the following treatment, conditions or dates:  
\_\_\_\_\_

\_\_\_ All health care information

\_\_\_ Most recent lab results and investigations

\_\_\_ Other \_\_\_\_\_