MGA Health Clinic

Middle Georgia State University

Macon campus, Music Education Bldg.
100 University Parkway, Macon, GA 31206
Phone: 478-471-2092 / Fax: 478-471-2779

Cochran campus, Georgia Hall, lower level
1100 Second St. S.E., Cochran, GA 31014
Phone: 478-934-3080 / Fax: 478-934-3090

MEDICAL RECORDS RELEASE FORM

Patient Name:			
Street Address:			Apt #:
City:		State:	Zip:
Phone:	DOB:		MGA ID #: **983**_____

I authorize release from: **name of disclosing party** **Name:** _____ **Address:** _____ **City:** _____		**To release to:** name of receiving party **Name:** _____ **Address:** _____ **City:** _____	
State:	**Zip:**	**State:**	**Zip:**
Phone:	**Fax:**	**Phone:**	**Fax:**

Please check box below for specific information to be released:

- **General medical records** (includes lab results, provider notes, etc)
- **Immunization records only**
- **Drug/Alcohol records only**
- **HIV test results only** *DPH release required
- **Other (Specify)**: _____

Please: **Mail the records** **Fax the records** **Electronic Transfer** **I will pick up the records**	**The purpose of this release is for:** **Continuity of care** **Other:** _____ _____

My consent may be revoked at any time. Unless previously revoked, this consent will terminate six(6) months after the date of my signing this consent. Each disclosure requires an additional signed authorization.

Signature of Patient: _____**Date:** _____

Witness: _____**Date:** _____