

Request for Release of Protected Health Information (PHI)

*****PLEASE NOTE:** Tri County Internal Medicine, P.C. is not required to agree to your request. Please see our Notice of Privacy Practices for more information regarding such requests.

Patient's Name: _____ **Date of Birth:** _____
(Please Print)

Patient's Address: _____

PHI to be Restricted or Limited:

(Please check ALL that you do NOT want released)

- | | |
|---|---|
| <input type="checkbox"/> Home Phone # | <input type="checkbox"/> Labs |
| <input type="checkbox"/> Home Address | <input type="checkbox"/> Billing/Collection Information |
| <input type="checkbox"/> Occupation | <input type="checkbox"/> Insurance Information |
| <input type="checkbox"/> Name of Employer | <input type="checkbox"/> Prescription Information |
| <input type="checkbox"/> Office Notes | <input type="checkbox"/> Health History |
| <input type="checkbox"/> Hospital Notes | <input type="checkbox"/> Referrals and Outside Appointments |
| <input type="checkbox"/> Prescription Information | <input type="checkbox"/> Medical Diagnoses |
| <input type="checkbox"/> Patient History | <input type="checkbox"/> Other |
| <input type="checkbox"/> Work Address | _____ |
| <input type="checkbox"/> Work Phone # | _____ |
| <input type="checkbox"/> Spouse's Name | _____ |
| <input type="checkbox"/> Spouse's Work Phone | _____ |

Release Information To:

Name: _____ *Relationship to Patient:* _____

Name: _____ *Relationship to Patient:* _____

Signature of Patient: _____ **Date:** _____
(Or Legal Guardian)

Tri County Internal Medicine
4720 Nelson Brogdon Blvd, Sugar Hill, GA 30518
Phone: (770) 945-1990
Fax: (678) 745-4139