The Georgia Center for Menopausal Medicine and Direct Primary Care, LLC

Authorization to Furnish or Release Medical Information

Patient Name: _____Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Authorization is hereby granted to Provident OB/GYN to Obtain/Release a complete copy of my medical information and reports beginning with the first office visit, hospitalization, or medical treatment, or any parts thereof to the person or entity listed herein:

OBTAIN FROM:

Provident OB/GYN Associates
Pamela Gallup Gaudry, MD Records
15 Lake Street
Suite 160
Savannah, GA. 31411
Phone: 912-350-5937
Fax: 912-350-3483

RELEASE PRINTED DATA TO:**

Pamela Gallup Gaudry, MD
The Georgia Center for Menopausal Medicine
and Direct Primary Care, LLC
15 Lake Street. Suite 160
Savannah, GA. 31411
Phone: 912-335-7825
Fax: 912-335-7897
email: drpam@menopausalmedicine.com

Specific Dates of Treatment: **May 13, 2013 to December 31, 2017**

Specific Information Being Requested: **All records from Pamela Gaudry, MD**

All information I authorize to be obtained or released from this entity will be held strictly confidential and cannot be released again without my written consent.

I am aware of and specifically give consent to the release of, or waive any privilege regarding the following information, which may or may not be contained in the records:

1. Communication made by me to psychiatrist (O.C.G.A. Section 24.9.21)
2. Communication made by me to a licensed applied psychologist (O.C.G.A. Section 43.39.16)
3. Medical information concerning drug dependency (O.C.G.A Section 26.5.17)
4. Medical information concerning alcohol and drug dependence (O.C.G.A. Section 37.7.166)
5. Medical information concerning mental retardation (O.C.G.A. Section 37.4.125)
6. Medical information concerning alcohol and drug abuse (42 CFR Part 2)
7. Medical information concerning acquired immune deficiency syndrome.

_____ _____
Signature of Patient/Parent/Guardian Date of Request

FAX TO: 912-273-4966 OR
SCAN THIS SIGNED FORM TO: drpam@menopausalmedicine.com

The Georgia Center for Menopausal Medicine
and Direct Primary Care, LLC

15 Lake Street Suite 160 Savannah, Georgia 31410 o: 912-335-7825 f: 912-335-7897

The Georgia Center for Menopausal Medicine
and Direct Primary Care, LLC

15 Lake Street Suite 160 Savannah, Georgia 31410 o: 912-335-7825 f: 912-335-7897