Marietta
1121 Johnson Ferry Road, Suite 220
Marietta, GA 30068
Ph: 770-977-0094
Fax: 770-509-9463

East Cobb Pediatrics & Adolescent Medicine, P.C.

Kennesaw
6110 Pine Mountain Road, Suite 202
Kennesaw, GA 30152
Ph: 770-795-4553
Fax: 770-795-4513

Disclosure form for Patients 18 Years and Older

*Patient Name:*_____ *Date of Birth:*_____

*Patient cell phone number:*_____

I would like the following people to be able to access my medical records, speak to nurses or schedule on my behalf, and/or pick up prescriptions or forms as needed for me.

_____

_____

☐ I DO NOT want to authorize anyone other than myself to access my protected health information.

By signing below, I authorize East Cobb Pediatrics and Adolescent to disclose information about me that is protected under federal law, to the person/persons listed above.

Signature:_____ Date:_____

* I understand I have the legal right to refuse to sign this form.