



1601 ABERCORN STREET • SAVANNAH, GA 31401  
PH: 912.712.2550 • FAX: 912.480.0518  
INFO@SHRINKSAVANNAH.COM • SHRINKSAVANNAH.COM

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

### AUTHORIZATION

I, \_\_\_\_\_ authorize \_\_\_\_\_  
to transmit my protected health information to Shrink Savannah / Chad Brock, MD by mail,  
fax or encrypted email.

### EXTENT OF AUTHORIZATION

I authorize the release of my complete health record, including records relating to mental healthcare and treatment of alcohol or drug abuse. I understand that this information may include any and all treatment plans, medication issues as well as information concerning any sexually transmitted disease diagnosis.

### HOW USED

Medical information may be used by the person I authorize as the recipient for medical treatment or consultation, billing or claims payment or other purposes I may direct.

### TERM

This authorization shall be in force and effect for one year from patient signature date below at which time this authorization expires.

### RIGHTS

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

### BENEFITS

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

### DISCLOSURE

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

\_\_\_\_\_  
PRINT NAME OF PATIENT

\_\_\_\_\_  
DOB (MM/DD/YY)

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE (MM/DD/YY)

RETURN SIGNED FORM TO SHRINK SAVANNAH  
MAILING ADDRESS: 1601 ABERCORN STREET • SAVANNAH, GA 31401  
PHONE: 912.712.2550 • FAX: 912.480.0518 • INFO@SHRINKSAVANNAH.COM