North Fulton Psychiatric Care, P.C.

Richard S. Winer, M.D.
Psychiatry
Diplomate, American Board of Psychiatry & Neurology

1380 Upper Hembree Road Roswell, Georgia 30076
Phone 770-442-1150 Fax 770-772-0416
www.drrickwiner.com

RELEASE OF HEALTH INFORMATION

This form applies only to the release and disclosure of information. It is not a consent for treatment or intended for any other purposes. By signing this form, I authorize North Fulton Psychiatric Care, P.C. to use, release or disclose the protected health information described below to:

Name and Address of Person and/or Organization to Whom Information Should be Sent:

_____

_____

_____

_____

I authorize the following information to be sent to the address above.

_____ **Copies of all medical records for the period** ___/___/___ **to** ___/___/___

_____ **Other (Please specify)**_____

I understand that this information may include any history of acquired immunodeficiency syndrome (AIDS), sexually transmitted diseases, human immunodeficiency virus (HIV) infection, behavioral health service/psychiatric care, treatment for alcohol and/or drug abuse or similar conditions.

I understand that there may be information in these records that I would not want released.

I have been provided a copy of North Fulton Psychiatric Care, P.C.'s Notice of Privacy and any changes that may be associated with this authorization.

I understand that North Fulton Psychiatric Care, P.C. assumes no responsibility for the use and misuse by others of my health information disclosed under this authorization. I release North Fulton Psychiatric Care, P.C. from all legal liability that may arise from this authorization.

Patients Signature _____ **Date:**_____

Guardian if Patient is a minor_____