

Fax Number: 678-582-8925  
Email: medicalrecords@mariettaderm.com  
111 Marble Mill Rd. NW Marietta Ga 30060  
130 Oaksid Ct. Canton, Ga 30114  
5041 Dallas Hwy Ste D, Powder Spring, Ga 30127



## Medical Record Release Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **CHECK ONLY ONE**

Release to SELF (fees for records are below)

Requesting transfer **TO** Marietta Dermatology from the office listed below

Requesting transfer **FROM** Marietta Dermatology to the office listed below

Provider/Office Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

I am requesting a copy or summary of the following medical records:

Complete Medical Record

Mohs Procedure(s)

Pathology Reports

Surgical Procedures

NP Consultation Report (**Only**)

Services provided from \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize Marietta Dermatology to release and or accept medical information as requested above. I am aware that Marietta Dermatology cannot control how the recipient uses or shares the information, and that laws protecting its confidentiality at Marietta Dermatology may or may not protect this information once it has been disclosed to the recipient. Furthermore, I understand that the medical records released may contain my confidential health related information and my signature confirms my approval and understanding.

This authorization expires 90 days from the signature date. Copy associated with this request are listed below. I can cancel this authorization in writing at any time. *Georgia Medical Records Retention Statute GA. Code Ann. SS 31-33-2(a)(1)(B)(i) no records are required to be kept ten years from the date of creation.*

\_\_\_\_\_  
**Patient or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Form must be filled out in its entirety for processing.** Requests over 50 pages will be mailed and pursuant to Statute 31.33.3 the actual cost of postage incurred will be charged along with a fee of \$0.25 per page requested. If this is an urgent request and you are unable to wait for traditional mail, please use our Patient Portal located on our website. [www.mariettaderm.com](http://www.mariettaderm.com)

01/01/2024