New Horizons Internal Medicine, LLC

771 Old Norcross Road, Ste. 110
Lawrenceville, GA 30046

4390 Pleasant Hill Rd, Ste. D
Duluth, GA 30096

Phone: 770-963-5775
Fax: 770 670 4446

Authorization for and Consent to Release Medical Records Information
To: Dr. Ralph Jackson MD / New Horizons Internal Medicine

I, the undersigned patient/guardian hereby authorize _____to release all or designated medical records for _____Date of Birth_____

The release of information to which I consent is for the purpose of medical treatment/ determination for disability benefits, life insurance, for use in a liability claims or etc. and is for the following dates of service:

Please check which to include if no items or checked all the medical records will be released.

Range of Dates From: _____ To: _____ All: _____

Include: Laboratory test result's – x ray's – hospital notes – all radiology tests – all procedure results

I understand this authorization includes release of all medical records, including HIV records, Psychiatric Mental Illness, Drug/Alcohol abuse records, Venereal Disease and any other statutory protected diseases. This authorization and consent will not expire unless consent and authorization is revoked by me in writing except to extent that action has previously taken place prior to documentation of the action of revoking of this notice.

_____ Signature of patient/ guardian

_____ Relationship to Patient

_____ Date of Signature

_____ Signature of Witness