



402 W. Ponce de Leon Ave.
Decatur, GA 30030
P: 404-537-2521
F: 404-601-6727
ponceprimarycare.com

Records Request / HIPAA Privacy Authorization Form Authorization for Use of Disclosure of Protected Health Information

I hereby authorize and request The Emory Clinic to disclose my protected health information to:

Ponce Primary Care
402 W. Ponce de Leon Ave.
Decatur, GA 30030

Phone: 404-537-2521
Fax: 404-601-6727

This medical information may be used by Ponce Primary Care for medical treatment, consultation, or other purposes as I may direct.

Please Include:

- Problem and Medication List
- The last 3 years of:
 - Office Notes
 - Lab Results
 - Radiology Results
 - All Diagnostic Study Reports
 - Problem List
 - Medications

Patient Name: _____ Date of Birth: _____

Today's Date: _____

Patient or Representative signature: _____

Representative Name and Relationship: _____

FAX TO: EMORY RECORDS 404-778-5028