



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

Records Request / HIPAA Privacy Authorization

To the office of: _____ Fax: _____

I hereby authorize and request the disclosure of my protected health information to:

Ponce Primary Care
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.

Exceptions or Special Requests:

Patient Name: _____ Date of Birth: _____

Today's Date: _____

Patient or Representative signature: _____

Representative Name and Relationship: _____