PERIMETER CLINIC ATLANTA

ALEX RIKHTER M.D., P.C.
TRAVIS LLOYD M.D
RASA TEYTEL, FNP

6105 Peachtree Dunwoody Rd C125
Atlanta, GA 30328

Phone: 770-351-0900
Fax: 770-351-0330

MEDICAL INFORMATION RELEASE FORM
(HIPAA RELEASE FORM)

Name: _____ Date of Birth _____

Release of Information

( ) I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

( ) Spouse _____

( ) Child(ren) _____

( ) Other _____

( ) Information is not to be released to anyone

The **Release of Information** will remain in effect until terminated by me in writing.

Messages

Please call ( ) my home ( ) my work ( ) my cell Number _____

Email _____

If unable to reach me:

( ) you may leave a detailed message

( ) please leave a message asking me to return your call

The best time to reach me is (day) _____ between (time) _____

Signed: _____ Date _____

Witness: _____ Date _____