



Intown Primary Care

2215 Cheshire Bridge Road Unit A Atlanta GA 30360

Phone: 404-541-0944 Fax: 855-364-4949

Authorization to Release Medical Information

Release To:

INTOWN PRIMARY CARE

2215 CHESHIRE BRIDGE RD
UNIT A

ATLANTA GA 30324

Release From:

You are hereby authorized to release a copy of my medical records to include any record that may contain information regarding psychiatric treatment, drug/alcohol usage and/or treatment, and HIV/AIDS information.

Name: _____ Date of Birth: _____

Signature: _____ Date: _____