AGC Pediatrics, LLC

7311 Fairmount Highway
Calhoun, GA 30701

189 Professional Court
Calhoun, GA 30701

204 Professional Court
Calhoun, GA 30701

100 Market Place Blvd.
Suite 201 & 302
Cartersville, GA 30121

Phone (706)625-5900 Fax (706)625-5906

Disclosure form for Patients 18 Years and Older

Patient Name: _____ Date of Birth: _____ /_____ /_____

Patient cell phone number: _____

I would like the following people to be able to access my medical records, speak to nurses or schedule on my behalf, and/or pick up prescriptions or forms as needed for me.

_____ _____

_____ _____

_____ _____

☐ I DO NOT want to authorize anyone other than myself to access my protected health information.

By signing below, I authorize AGC Pediatrics, LLC to disclose information about me that is protected under federal law, to the person/persons listed above.

_____ _____

Signature Date

I understand I have the legal right to refuse to sign this form.