



Ellison, Walton & Byrne
Physicians and Practitioners of Urology

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I hereby authorize the release of my medical records

From: Ellison, Walton & Byrne

To: _____

- Physician Mark F. Ellison
 Gary F. Walton
 Robert R. Byrne
 Matthew C. Steele

_____ Complete Medical Records _____ Other

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

Patient Phone Number# _____

Patient Address: _____

Patient Signature: _____

There is a fee for copying your medical records. And the standard fee is calculated by the Georgia Office of Planning and Budget (OPB). The OPB pursuant to O.C.G.A. §31-33-3, calculates an annual inflation adjustment for the costs related to medical record retrieval, certification and copying.

Copying Cost for Records \$6.50

Note - Rates do not apply to records requests necessary to make or complete an application for a disability benefits program.

Phone 706-612-9401 Fax 706-612-9420