Cartersville OB/GYN Associates
958-A Joe Frank Harris Pkwy., Suite 102
Cartersville, GA 30120
Phone #770-386-4824 Fax#770-386-4220

Hugo D. Ribot, Jr. MD
D. Malcolm Barfield, DO
Staci N. Kenner, MD
Macie Goff, CNM
Ashley Saint, CNM

Medical Records Authorization

Patient Name_____ Date of Birth_____

Address_____

Phone #_____ Social Security _____

~~~~~~~~~~~~~~~~~~~~~~~~~~

I authorize Cartersville OB/GYN to **obtain** my medical records
***From:** _____Email:_____
Address:_____
Phone #_____ Fax#_____

OR

I authorize Cartersville OB/GYN to **release** my medical records
***To:**_____Email:_____
Address:_____
Phone#_____ Fax#_____

~~~~~~~~~~~~~~~~~~~~~~~~~~

***Circle the requested information:** pap smears, operative reports, H&Ps, biopsy reports, discharge reports, x-rays, path & lab reports, prenatals, or ALL RECORDS*

Patient Signature_____

Date_____**Witness**_____

Medical records may contain the following information:
Office notes, treatment, hospitalization, and/or care for psychological or psychiatric impairments, drug abuse, alcoholism, contagious, communicable or venereal disease, acquired immunodeficiency syndrome (AIDS), or test for or infection with human immunodeficiency virus (HIV). Patients requesting medical records will be charged a fee.