PONCE PRIMARY CARE

315 W Ponce De Leon Ave
Suite 110
Decatur, GA 30030
P: 404-537-2521
F: 844-246-7292
ponceprimarycare.com

Request Date: _____

Records Request / HIPAA Privacy Authorization

To the office of: _____

Phone:_____ Fax: _____

I hereby authorize and request the disclosure of my protected health information to:

Ponce Primary Care

HealthPort Connect Account: 1643609 or
Fax: **844-246-7292**

This medical information may be used by Ponce Primary Care for medical treatment, consultation, or other purposes as I may direct.

Exceptions or Special Requests:

_____

_____

_____

Patient Name: _____ Date of Birth: _____

Patient or Representative signature: _____

Representative Name and Relationship: _____