



Estate Clinics by CMG  
33 Upper Riverdale Rd. SW Ste 112  
Riverdale, GA 30274  
Phone: (770) 997-2160  
Fax: (678) 601-1368

**Patient Release Form  
Authorization to Release Protected Health Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ authorize, Estate Clinics by CMG  
*(insert your name)*

**to release my protected health information to:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_ In-person Pick-up (we will call you when they are ready)

**This request applies to my:**

- Complete medical record
- Healthcare information limited to the following conditions or dates:

\_\_\_\_\_  
\_\_\_\_\_

I have read and understood the information in this authorization.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_