



**GEORGIA ADVOCACY
OFFICE • thegao.org**

The Protection and Advocacy System for People with Disabilities in Georgia

One West Court Square, Suite 625

Decatur, Georgia 30030

(404) 885-1234 • (800) 537-2329 voice and TDD

(404) 378-0031 fax

An exception to the Health Insurance Portability and
Accountability Act of 1996 (HIPAA)

Name of Individual

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any and all facilities, programs, educational bodies, investigative agencies, and others named below:

To release to the Georgia Advocacy Office (GAO), its employees, representatives, or authorized agents, for the purposes of investigation/protection and advocacy, the following records and information:

Any and all medical, clinical, psychiatric, habilitation, educational, school, social, employment, vocational, legal, court-related, administrative, and financial records, in whatever media, whether received from third parties or created by the record holder, including but not limited to:

(I understand these records may include criminal, psychiatric, drug/alcohol, or HIV/AIDS-related information.)

I further authorize GAO to interview or discuss my circumstance with staff, employees, contractors, and any other persons deemed necessary for the purpose of investigation/protection and advocacy and to take photographs of my person, when appropriate, as part of an investigation of abuse or neglect.

I further authorize GAO to attend any meetings regarding me or any services or supports provided to me or to be provided to me, including but not limited to, any meetings related to discharge, education, treatment, vocation, or any other services or supports.

A photocopy or facsimile of this authorization has the same effect as the original.

I understand this authorization will remain in effect for one year from the signature date below.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based upon my consent, I may withdraw this consent at any time.

Signature

Date (month, day, year)

Witness to verify mark, if individual is
unable to make signature or sign

Signature of Guardian (if applicable)