



MARC J. KORNFIELD, M.D., P.C.
PHYSICAL MEDICINE & REHABILITATION

AUTHORIZATION TO PROVIDE INFORMATION

I authorize the release of any medical information, including history, treatment, diagnosis and prognosis, and any information related to psychiatric care, drug and alcohol abuse and HIV/AIDS confidential information, necessary to process insurance claims or any medical information that is required for any health care related utilization review or quality assurance activities to be released to:

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1335 Canton Road, Suite C
Marietta, GA 30066
(770) 425-1170
(770) 425-1137 /fax

Patient Name: _____ **Date of Birth:** _____
(PRINT NAME)

Patient Signature: _____ **Date:** _____

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