



disclosed under this authorization. I release the Board of Regents of the University System of Georgia and its agents and employees from all legal liability that may arise from this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The above authorization is given on this patient's behalf because the patient is a minor or is unable to sign for the following reasons: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Relative/Guardian/Personal Representative

Date copy given to patient \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_



I understand that the University System Office of the Board of Regents of the University System of Georgia and Valdosta State University assumes no responsibility for the use or misuse by others of my health information disclosed under this authorization. I release the Board of Regents of the University System of Georgia and its agents and employees from all legal liability that may arise from this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The above authorization is given on this patient's behalf because the patient is a minor or is unable to sign for the following reasons: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relative/Guardian/Personal Representative

Date copy given to patient \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_