

**Atlanta Obstetrics and Gynecology Associates**

275 Collier Road, NW, Suite 100-C

Atlanta, Georgia 30309

Telephone 404-355-0320 Fax 404-351-0909

**PHYSICIANS:**

H.M McFarling, III, MD, FACOG

Deborah S. Lee, MD, FACOG

Debra E. Brand, MD, FACOG

Jacqui Fisch, MD, FACOG

Mimi Vanoyan, MD, FACOG

Peter J. Barratt, MD, FACOG

**Authorization to Release Information For Purposes of  
Short Term Disability and/or FMLA**

**CERTIFIED NURSE MIDWIFE:**

Judith Cox, CNM

DATE \_\_\_\_\_

PATIENT \_\_\_\_\_  
(please print)

DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_  
(home/cell) (work)

To Whom It May Concern:

This will serve as authorization for Atlanta OB/GYN Associates to release my medical information to my employer and/or disability company relative to my request for leave under FMLA and/or short term disability benefits.

This authorization will be valid for a period of one (1) year.

Patient Signature \_\_\_\_\_