



Atlanta Obstetrics & Gynecology Associates

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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
- Jayasri Bukkapatnam, MD FACOG
- Sharon L. Rubin, MD, FACOG

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

CERTIFIED NURSE MIDWIFE

Judith Cox, CNM

CERTIFIED NURSE

PRACTITIONERS:

- Mariae Kilroy, RNCNP
- Susan Whitlock, RNCNP

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 _____