



NEWTON COUNTY
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W. KENDALL WYNNE, JR.
 DISTRICT ATTORNEY
 ALCOVY JUDICIAL CIRCUIT

WALTON COUNTY
 303 South Hammond Drive
 Suite 334
 Monroe, GA 30655
 Telephone: 770/267-1355
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LAYLA V. ZON
 CHIEF ASSISTANT DISTRICT ATTORNEY

CONSENT TO RELEASE MEDICAL RECORDS AND INFORMATION

I, _____, (name of patient) do hereby authorize
 _____ (name of medical provider) to release
 to the Newton County District Attorney's Office any and all medical records, trip reports,
 Ambulance/EMT reports, medical bills and any other information pertaining to treatment
 rendered to the following patient on the following dates:

Date(s) of treatment: _____

Name of patient: _____

Address: _____

Date of Birth: _____ **Sex:** _____ **Race:** _____

I acknowledge, and hereby consent to such, that the released information may contain
 Alcohol, Drug Abuse, Psychiatric, HIV Testing, HIV Result, or Aids Information.

_____ (Initial) *If not applicable, please check here:*

Signature of patient or guardian

Date

Witness

Date