

Dear Patient,

Thank you for contacting **Peachtree Orthopedics** Release of Information Department. We are here to serve you and your health information needs.

For FMLA or disability leave paperwork, please complete the enclosed authorization form, and attach your blank Form for completion.

- Please make sure you have *specific* instructions included as to where you are requesting the Form to be sent after completion.
- Leave will only be certified based on your treatment plan while under the care of Peachtree Orthopedics.
- You may elect to have completed Form emailed, mailed, or faxed to the recipient listed. **It is recommended that you elect to receive your Form back via email.**
- **Please be aware that you are authorizing the release of protected health information to supplement your FMLA/disability leave claim.** This means records may be attached to the Form that are being completed and will be released as indicated on the authorization.

Return the completed release and blank FMLA/Disability Form to:

Fax: 404 355-2136

Mail: Peachtree Orthopedics
Attn: Medical Records/ROI
11800 Amber Park Drive, Building One, Suite 200
Alpharetta, GA 30009

A fee of \$35.00 per form is required prior to form completion. For each consecutive or subsequent form regarding the same qualifying condition and claim, a \$35 fee will be assessed, plus any applicable state tax. You will be contacted by Sharecare with payment options after you return this paperwork to your provider.

Once payment is received, your form will be completed and sent to the recipient listed on your release. For questions pertaining to FMLA or disability leave paperwork, please contact Sharecare at 866-273-4039.

Again, thank you for allowing us to serve you.

Sincerely,

Sharecare
Trusted Partner of Peachtree Orthopedics

