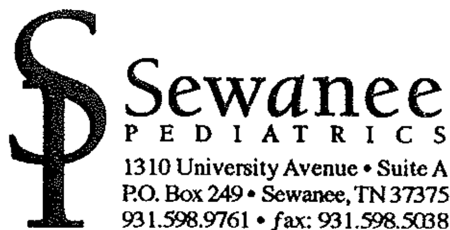

1310 University Avenue • Suite A
P.O. Box 249 • Sewanee, TN 37375
931.598.9761 • *fax:* 931.598.5038

RECORDS RELEASE AUTHORIZATION

Physician/Organization Releasing Information	Physician/Organization Requesting Information
________________________________	________________________________
________________________________	________________________________
________________________________	________________________________

I hereby authorize (the "Practice") to disclose health information regarding the below referenced patient(s). I understand the information disclosed pursuant to this authorization may be subject to redisclosure by recipient and no longer protected by Federal Regulations.

Patient Name: ____________________________ D.O.B.: ____________________
Social Security No.: ________________________

Patient Name: ____________________________ D.O.B.: ____________________
Social Security No.: ________________________

Patient Name: ____________________________ D.O.B.: ____________________
Social Security No.: ________________________

Information to be disclosed: __________ All Records __________ Last Physical/Immunization Record
Other (Specify): ____

Purpose of Use or Disclosure: ___ Changing Doctor ___ Moving ___ Individual Request ___ Physician Request

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I understand that I may revoke this authorization at any time by sending a written request to the Practice. However, the revocation will not have any effect on any uses or disclosures the Practice may have made before the revocation was received.

I understand that unless I revoke the authorization earlier, this authorization will automatically expire one year from the date this authorization is signed.

I understand that I may refuse to sign this authorization and that the Practice will not condition treatment on whether or not I sign this authorization.

I certify that I am (check whichever applies):
_______ the patient
_______ the patient's authorized representative

My relationship to the patient(s) ____

Signature: ________________________________ Date: ____________________
Address: _________________________________