

PRODIGAL PRIMARY CARE

10904 Kingston Pike

Knoxville, TN 37934

Phone (865) 288-3754 fax (865) 288-3809

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient: _____ DOB: _____

Address: _____ Phone: _____

_____ SS#: _____

RELEASE MEDICAL RECORDS TO:

PRODIGAL PRIMARY CARE

David Brickhouse, PA-C, MPS

10904 Kingston Pike

Knoxville, TN 37934

(865)288-3754 fax (865)288-3809

Specific type of information to be released: Any/All records Diagnostic reports Lab reports

Chart notes Consultation notes Operative notes Other: _____

For date range: _____ to _____.

(If no time period specified, records from previous 5 years only will be released.)

Purpose of disclosure: Transfer of care Disability Worker's Comp Social Security

Attorney request other: _____

To Doctor or Group Name: _____

Phone Number: _____ Fax Number: _____

I understand I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Privacy Officer. I understand; that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire after one (1) year.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand that I may request a copy of this authorization. If I have questions about disclosure of my health information, I can contact the Privacy Office at the disclosure location.

Signature of Patient or Legal Representative

Date Signed

If signed by Legal Representative, Relationship to Patient

Signature of Witness