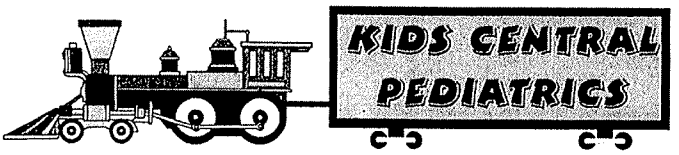

575 Oak Ridge Turnpike, Suite 120
Oak Ridge, TN 37830
Phone: 865-483-5678
Fax: 865-483-4027

Record Release

Release Record From:

KIDS CENTRAL PEDIATRICS
575 OAK RIDGE TURNPIKE, STE 120
OAK RIDGE, TN 37830
PHONE-865-483-5678
FAX-865-483-4027

Release Records To:

Name: _____

Address: _____

_____

Phone: _____

Fax: _____

Please release records on the following patient/patients:

Name: _____ DOB_____

Name: _____ DOB_____

Reason for release: _____

Expiration or revocation of authorization: I understand that I may revoke this authorization at any time and that unless an earlier date is specified; it will automatically expire 12 months after the date if affixed below. Submit your revocation to the Privacy Officer of the Practice. Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by HIPPA.

My signature below indicates that I am authorized to obtain or release records on the above named patient. There is no court order denying guardianship, parental rights or authorization to obtain or release these records.

Signature: _____

Relationship: _____

Date: _____