



2994 S. Church St., Murfreesboro, TN 37127 P: 615-900-4045 F: 615-900-4059
www.onestopfamilyclinic.com

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I authorize **Emily Robinette, NP-C, One Stop Family Clinic, LLC**, to receive certain protected health information/medical records about me from:

Name and address of physician/physician's office, or provider to send this information

Phone # _____ Fax # _____
of physician/physician's office of physician/physician's office

Please fax records to Emily Robinette, NP-C, One Stop Family Clinic, 615-900-4059. This authorization permits Emily Robinette, NP-C, to receive the following individually identifiable health information about me:

My **most recent office notes, labs and any imaging results** *except* for the items checked below:

- Substance abuse, if any
- Psychological or psychiatric conditions, if any
- AIDS/HIV, if any
- Other: _____

This authorization will **expire ninety (90) days** from the date of the signature below.

I do not have to sign this to receive treatment from Emily Robinette, NP-C. I have the right to refuse to sign this authorization.

Print Patient's name: _____ **Date of Birth:** _____

Patient / Guardian Signature: _____ Date: _____

Parent/Guardian to be provided with a signed copy of authorization