



345 23rd Ave North Suite 306
Nashville, TN 37203
Ph: (615) 320-3999 Fax: (615) 320-8877

RELEASE OF INFORMATION

Name _____
First Middle Initial Last
_____/_____/_____
Date of Birth Social Security Number

Please Read and Sign at the bottom (ANY PHYSICIAN OTHER THAN DR. LOHREY)

I authorize _____ at _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

I authorize _____ at _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

To release my medical information to Pinnacle Medical Group for the purpose of treatment.

* I authorize _____ (a **relative or friend** to whom I trust) to obtain medical information about me (appt date/time), pick up paperwork, medication samples, etc.

*** I authorize Pinnacle Medical Group to **leave voicemails** on my home/cell phone _____
INITIAL

I **agree** to be fully responsible for the fees of any services my insurance does not pay (i.e., no show fees, co-pays, co-insurances, deductibles, and any elective services such as ear lavage, EKG's, labs, urinalysis, etc.). I request that payment of authorized insurance benefits be made on my behalf to Pinnacle Medical Group for any services furnished to me by Pinnacle Medical Group.

I understand that all statements regarding a balance will be sent to my patient portal.

I **authorize** any holder of medical information pertaining to me be allowed to release to the Health Care Financing Administration, its agents and/or my insurance company any information needed to determine benefits payable for related medical services.

I **grant permission** to view my prescription history from external sources.

I **understand** that I have the right to refuse to sign this form and the right to a copy of this release. I understand that I have the right to revoke this authorization by submitting a request in. Once Pinnacle Medical Group receives this revocation, they will not continue to release medical information, but it is not retroactive.

****GOOD FOR ONE YEAR FROM SIGNED DATE UNLESS OTHER WISE NOTED****

X _____
Signature

_____/_____/_____
Date