Authorization to Release Medical Records

Family Health Center, 11217 West Point Drive Ste 2, Farragut, TN 37934
Phone: 865-675-4342 Fax: 865-675-4343

______________________	__________________	______________________
Patient Name (Last, First, M)	**Patient Date of Birth**	**Patient Social Security No.**

I hereby authorize the following person(s) and/or organization(s) to release the indicated personal medical information to Family Health Center, PLLC **OR** for Family Health Center, PLLC to release my records to the following person(s) and/or organization(s) as indicated. To the extent that my medical record contains information regarding alcohol or drug treatment that is protected by Federal Regulation 42 CFR, Part 2, I authorize disclosure of such information. I understand that this information is not to be re-released to any person or facility except as provided by law or as I have indicated on this form. **This release will continue until termination of treatment, or until ___________ (enter date)**. I understand that I may revoke this release of information at any time. I understand, however that any release which was made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release information shall expire when the desired information is sent unless I have specified otherwise below.

Facility/Physician's Name(s):
____

Address/Phone #:
____

Specialty:
____

o Entire Chart/All Records
o Reports/Labs/Outside Studies
o Office Notes
o Summary of Treatment
o **Other:**____

Release is: [ ] Permanent, **TO** Family Health Center **[ ]** Permanent, **FROM** Family Health Center

[ ] Mutual, Records may be shared/discussed between offices until release is revoked

____ _____________________________________
Signature & Printed Name of Patient (Legal Guardian if patient is under 18) Date

____ _____________________________________
Signature & Printed Name of Witness (Include Title if Applicable) Date