

AUTHORIZATION FOR MEDICAL RECORDS

PATIENT:

Name _____ Date of Birth ____/____/____

Address (Street/City/State/ZIP)

AUTHORIZES COMMUNITY QUICK CARE at address circled below:

5148-A Murfreesboro Road
LaVergne, TN 37086
(615-213-2273)
(Fax: 615-213-2271)

1670 West Main, Ste 140
Lebanon, TN 37087
(615-453-9492)
(Fax: 615-453-9498)

2545 Murfreesboro Road
Nashville, TN 37217
(615-641-2273)
(Fax: 615-679-3912)

____ **RELEASE of Protected Health Information (Medical Records) TO:**

____ **RECEIPT of Protected Health Information (Medical Records) FROM:**

Name of Healthcare Provider

Address (Street/City/State/ZIP)

Office Phone (Area Code included)

FAX (Area Code included)

Purpose of Disclosure:

Information to be Released or Received:

I understand I may request a signed copy of this authorization. I understand written notification is necessary to cancel this authorization. I understand that this group will not be able to release my records to someone else without a signed authorization. By signing this authorization, I do expressly and voluntarily consent to the disclosure of the information above to the person/doctor/agency named above. I understand medical records released or received may include information relating to Sickle Cell Anemia, STDs, AIDS, HIV, alcohol/drug abuse, psychological or psychiatric impairments, or mental health issues. If you do not want certain portions of your records released, identify on the following line the information you do not want released; otherwise, all records will be released:

This "Authorization for Medical Records" will expire in six months from the date signed unless a different expiration date is noted on this line: _____

Signature of Patient or Legal Representative:

Date ____/____/____

To Be Completed by Medical Records Staff:

Medical Records Authorization Form: _____ MAILED _____ FAXED Date ____/____/____

Medical Records Released: _____ MAILED _____ FAXED Date ____/____/____

Medical Records Released Included: _____ Date ____/____/____

Employee Signature: _____ Date ____/____/____