



## UT Medical Center and Tennova Turkey Creek Medical Center Authorization for Release of Protected Health Information

Patient Name: \_\_\_\_\_ Chart Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ SS Number: \_\_\_\_\_  
 Patient Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please fill out completely to insure accurate and prompt receipt of records**

**Purpose of release:**

Continuing medical Care  
 Release to patient  
 Insurance coverage  
 Insurance reimbursement

**I authorize my protected health information to be:**

Released to: \_\_\_\_\_  
 Address/Phone/ Fax: \_\_\_\_\_  
 Obtained from: \_\_\_\_\_  
 Address/Phone/Fax: \_\_\_\_\_

**Please specify information to be released/obtained:**

Complete Record                       Op Notes  
 Last Visit                                       H&P  
 OB Records                                       HIV/STD Test(s)  
 Labs     Pap/Biopsy  
 Mammogram                                       Consult

**Statement of Time Limitations**

I understand that this authorization is valid for ninety (90) days from the date of signature below. If a long/shorter period of time is desired please specify the desired time frame in the spaces below:

\_\_\_\_\_ To \_\_\_\_\_

I understand that my medical record may also include information on diagnosis/treatment related to psychiatric or psychological conditions, drug and/or alcohol abuse, acquired immune deficiency syndrome (AIDS), and/or HIV status. I understand and agree that the information, if any, pertaining to any such diagnosis/treatment described above may be released. I understand that my medical record may contain information from other health care providers, which has been filed with my medical records.

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

**Upon completion fax this form to: Knoxville Medical Records Office @ 865-525-1116**  
If you have any questions of need assistance call Knoxville Medical records @ 865-540-4483