People's Clinic
"Where People Matter"

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, the below identified person, authorize the release of my medical information, between the following parties:

I authorize this release of information for the following reason:

- ☑ New Physician
- ☐ Consult/Second Opinion
- ☐ Change of Insurance
- ☐ Transferring

Release Records To:
People's Clinic
305 Dover Road
Clarksville, TN 37042
931-552-6722 p / 931-552-6979 f

Please send ONLY this requested medical information:

- ☐ **Last 2 Progress Notes**
- ☐ **Health Summary Report**
- ☐ **Immunization record**
- ☐ **Last 2 lab reports**
- ☐ **All test/x-ray reports**
- ☐ **Consult reports**
- ☐ **All Records, to include medical records from previous/other medical practices that are now part of your medical record.**

Other : _____

Specific time Period: From: _____ To: _____

PATIENT FILL THIS AREA OUT PLEASE

Print Patient Last Name: _____ First Name: _____

Date of Birth: _____/_____/_____ Social Security No #_____/_____/_____

Home Phone No #_____ Cell Phone No #_____ Work Phone No# _____

Name of Physician where we are getting records from: _____

Physicians Address: _____
Street City State Zip Code

Physicians Phone # ( ) _____ - _____ Physicians Fax #: ( ) _____ - _____

Patient or Guardian Signature: _____ Date: _____ Witness Initials: _____

Patients Rights

The patient has the right to revoke this authorization and terminate further disclosure of health information. The patient has the right to review the health information used or disclosed under this authorization. The patient has the right to decline this authorization. Treatment will not be Denied unless the authorization was for research related treatment and information disclosure, or the treatment is solely for the purpose of disclosing to another individual or business. The recipient of the health information may further disclose information that is disclosed under this authorization. Peoples Clinic cannot guarantee the further safeguarding of the health information after disclosure.

MediCopy

"The People's Clinic uses MediCopy Services, Inc., a HIPAA-compliant third-party, for releasing medical Records and completing forms for medical- and disability-related leave."

FOR PEOPLES CLINIC USE ONLY:
Release has been:

Mailed _____ Faxed _____ Picked Up _____ Date: _____ Employees Initials: _____ Amount Charged $ _____