Kidzcare Pediatrics

Medical Records Release Form

Release Record to:

Kidzcare Pediatrics

119 Epperson Street

Athens, TN 37303

Phone: 423-745-7500

Fax: 423-745-7501

Release Records From:

Name: _____

Address: _____

_____

Phone: _____

Fax: _____

Please release records on the following patient:

Name: _____ DOB: _____

Reason for release: _____

Expiration of revocation of authorization: I understand that I may revoke this authorization at any time and that unless an earlier date is specified; it will automatically expire 12 months after the date if affixed below. Submit your revocation to the Privacy Office of the practice. Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by HIPPA.

My signature below indicates that I am authorized to obtain or release records on the above names patients. There is no court order denying guardianship, parental rights or authorization to obtain or release these records.

Signature: _____

Relationship: _____

Date: _____