CONTEMPORARY women's HEALTH™

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

10031 Sherrill Blvd | Knoxville | TN 37932 | p: 865.540.1650 | f: 865.246.4755

Patient Name _____ DOB _____ SSN _____
(FIRST) (MIDDLE) (LAST)

PLEASE OBTAIN INFORMATION FROM

Name of Provider/Clinic/Organization

Street Address

City, State and Zip

Phone **Fax**

PLEASE SEND INFORMATION TO

Name of Provider/Clinic/Organization

Street Address

City, State and Zip

Phone **Fax**

I AUTHORIZE THE FOLLOWING INFO TO BE RELEASED: (PLEASE INITIAL)

_____ ALL Medical Records maintained at this facility

_____ Other (please specify)_____

IF YOU DO NOT WANT CERTAIN PORTIONS OF YOUR MEDICAL RECORD RELEASED, PLEASE INITIAL BELOW THE RECORDS THAT ARE NOT TO BE RELEASED:

_____ Substance Abuse, if any _____ Psychological or psychiatric conditions, if any

_____ AIDS/HIV, if any _____ Other _____

PURPOSE OF RELEASE: (PLEASE INITIAL)

_____ At My Request _____ Legal/Attorney _____ Insurance

_____ Continuing Care _____ Social Security

_____ Other _____

✓ I understand that I may revoke this authorization, in writing, at any time and that unless an earlier date is specified it will automatically expire 12 months after the date affixed below. *To withdraw sign below

✓ I understand that I do not have to sign this authorization to get treatment.

✓ I understand that once my health care information is disclosed as I have authorized it could be re disclosed by the recipients as I direct. Contemporary Women's Health, PLLC is not responsible for any subsequent release of this information that is not in compliance with federal confidentiality rules.

✓ I understand that signing this authorization does not cancel any rights I have under other state and federal laws.

✓ A copy of this authorization may be utilized with the same effectiveness as an original.

_____ Date _____

Patient Signature to RELEASE INFORMATION

☐ FAX RECORDS ☐ MAIL RECORDS ☐ PICK-UP RECORDS

I wish to withdraw this authorization _____ Date _____

COPAYS FOR MEDICAL SERVICES ARE DUE AT TIME OF SERVICE.
PLEASE BRING YOUR INSURANCE CARD TO EVERY VISIT.

Thank you for choosing Contemporary Women's Health!

Kimberly Roberts, MD, F.A.C.O.G. Ceeccy Yang, MD, F.A.C.O.G. Jennifer Brantley, MD
Donna Dossett,WHNP-C Brynn Whitworth, WHNP-C
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