



FamilyCare Specialists™
Comprehensive Healthcare With A Caring Touch.

Authorization For Third Party Medical Records Release

Permission is needed from you, the patient, before any information (Lab results, diagnostic tests, billing (account) information etc.) can be given to anyone other than yourself. This includes your spouse or any other family member. The only exception would be for minors under eighteen (18) years of age living with you.

Please list in the area provided below the person(s) you wish information to be given to, for whatever reason. This release does not include HIV testing which must always have expressed written permission from the patient to be given to anyone other than the patient.

Name	Relationship to Patient

_____ I do not want my information given to anyone other than myself.

Read and Initial _____

I understand that I may revoke this authorization at any time by notifying the healthcare provider in writing or completing a new Authorization for Third Party Release. The revocation will be effective from the date it is received and will not apply retroactively.

Patient/Representative Signature:	Date:
Printed Name of Patient Representative:	Date:
Witness	Date:

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