Pediatric Associates of Franklin
570 Bakers Bridge Avenue Franklin, TN 37067
615-790-3200 Phone - 615-794-2883 Fax

AUTHORIZATION TO RELEASE MEDICAL INFORMATION *FROM* PAF To Doctor's Office

I hereby authorize Pediatric Associates of Franklin and its physicians' employees and agents to release or disclose to the below-named recipient all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug or alcohol abuse, sickle cell anemia, sexually transmitted disease, or HIV/AIDS infection.

Patient Name: _____**Date of Birth**: _____
(Please Print)

I hereby request and authorize the release of my child's complete medical records to be mailed to the following medical practice or individual:

Doctor's Office/Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Purpose of disclosure: ___ Change in Insurance __Moving __Changing Doctors __Other
(Please Check Reason for Transfer of Records)

If you DO NOT WANT certain portions of your medical records released, please initial the box for the information you do not want released.
_____Substance abuse _____ Psychological or psychiatric treatment ____HIV/AIDS/STD
I understand I have a right to revoke this authorization by written notification to the Privacy Officer, except to the extent it has acted in reliance thereon before notice of revocation. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure which may not be protected by federal confidentiality rules. I understand that I may request a copy of this authorization. I understand that I can refuse to sign this authorization and the above-named office may not condition treatment on my signing of this authorization.

_____
Signature of Parent/Patient or Legal Guardian **Date Signed**
(This Authorization will expire one year from the date of this release.)

_____Pick Up Medical Records (Copy Fees Paid Prior to Pick Up)
_____Phone Number to call for Pick Up: _____

Pediatric Associates of Franklin will provide one complimentary copy of your child's medical records directly to a physician's office. All documents for personal use will be charged under the Tennessee State Medical Records Copy Law, which, if mailed, includes postage fees. Please allow up to 10 days for processing.

Revised 10/11/2022 LK