Pediatric Associates of Franklin

570 Bakers Bridge Avenue Franklin, TN 37067
Phone 615-790-3200 Fax 615-794-2883
www.pediatricsoffranklin.com

Requesting Records From Another Doctor's Office

Please Send My Child's Medical Records to Pediatric Associates of Franklin

Medical Records to be Released From:

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

Please release records for the following patient: **DOB:**
1. _____

If patient is under the age of 18 indicate relationship to patient: ____ Parent ____ Legal Guardian

Please mail the medical records to: **Attention: Medical Records**
Pediatric Associates of Franklin
570 Bakers Bridge Avenue
Franklin, Tennessee 37067

Or Fax Records to: **615-794-2883**

Purpose of disclosure: ___ Change in Insurance __Moving __Changing Doctors __Other_____
(Please Check the 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 to be 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 to which it has acted in reliance before notice of revocation. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure, which federal confidentiality rules may not protect. 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.

I, _____, hereby authorize your facility to release any information, including the diagnosis, prognosis, treatment, and any pertinent information related to my child's healthcare for all dates of service with your practice.
Date: _____ Signature: _____
Parent/Legal Guardian or Patient if over 18
(This Authorization will expire 12 months from the date of this release.)

Please send this to your child's current doctor's office.

Revised 08/12/25 LK