

Drs. Black & Benton Pediatrics, P.S.C.
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Patient Authorization for Release of Medical Information

>>> Please MAIL records if over 20 pages! <<<

Release records to:

Drs. Black & Benton, PSC
4741 N. Broadway, Suite B
Knoxville, TN 37918
865-687-1940 (office) 865-687-0157 (fax)

Release records from (name, address, phone):

Please release records for the following patient(s):

Patient Name	Date of Birth
_____	_____
_____	_____
_____	_____

Reason for records release (please check and comment as needed):

<input type="checkbox"/> Moving out of town	<input type="checkbox"/> Not satisfied with physician	
<input type="checkbox"/> Child too old for pediatrics	<input type="checkbox"/> Not satisfied with staff	
<input type="checkbox"/> Insurance change	<input type="checkbox"/> Front Desk	<input type="checkbox"/> Nursing Staff
<input type="checkbox"/> Wait time	<input type="checkbox"/> Back Desk	<input type="checkbox"/> Billing
<input type="checkbox"/> Other: _____	_____	

Specific records (i.e., labs, progress notes) _____

Shot records only
 Health information relation to the following treatment or condition: _____
 Entire medical record

I understand the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by federal privacy regulations. I understand that I may revoke this authorization at any time by sending written request to the Practice Administrator. However, the revocation will not have any effect on any uses or disclosures the practice may have made before the revocation was received. I understand that unless I revoke the authorization earlier, this authorization will automatically expire one year after the date this authorization was signed. I understand that I may refuse to sign this authorization and that the practice will not condition treatment on whether or not I sign this authorization. I understand that a copy of this authorization will be provided upon patient request.

Patient Signature or Authorized Representative

Date Signed

Printed Name

Relationship to Patient