

OB-GYN ASSOCIATES of Oak Ridge, P.C.

988 Oak Ridge Turnpike • Suite 140 • Oak Ridge, TN 37830
(865) 483-7415 • Fax (865) 483-7980

Authorization to Release Medical Records/Information TO

OBGYN Associates of Oak Ridge, P.C.
988 Oak Ridge Turnpike, Suite 140
Oak Ridge, TN 37830
Phone: (865) 483-7415 Fax (865) 483-7980

Physician to provide records: _____
Patient's Name: _____
Social Security Number and Date of Birth: _____

Release these records only:

1. Only records generated by this facility (not including records received from other sources) _____ (initial)
2. Only some portion of records maintained at facility (dates of treatment, etc.) specify here:

If you do not want certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, your records will be released as specified above.

I authorize the health care provider to release the information specified to this organization, agency or individual named on this request with the exception of:

_____ Substance abuse, if any
_____ Physiological or psychiatric conditions, if any
_____ AIDS/HIV, if any

Other (please specify) _____

Expiration or revocation of authorization- I understand that I may revoke this authorization at any time and that unless and earlier date is specified it will automatically expire 12 months after the date affixed below. Use of copies- A copy of this authorization may be utilized with the same effectiveness as an original. I understand there may be a charge with the State of Tennessee guidelines for the duplication of my records.

Patient name: _____
Relationship to the Patient: _____
Patients' Signature: _____
Date: _____

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