



1932 Alcoa Highway, Suite 255, Knoxville, TN 37920 865-244-2020 Fax: 865-342-3494

140 Capital Drive, Knoxville, TN 37922

2547 Willow Point Way, Knoxville, TN 37931

622 Smithview Drive, Maryville, TN 37803

500 McFarland Street, Suite A, Morristown, TN 37814

MEDICAL RECORDS RELEASE
(All sections must be completed)

Patient's Name (Print)

Guardian or Authorized Party's Name (if applicable)

Patient's Social Security Number

Patient's Date of Birth

Phone Number for Authorizing Party

I authorize the disclosure of the Protected Health Information for the above-named patient as described:

Information Requested:

Records for all care at this facility or by this physician

Records relating to treatment from: to

Other (Please Specify)

Information to be released [] from [] to

First

Last

Address

City, State, Zip

Fax Number (if known)

[] from [] to University Eye Specialists
1932 Alcoa Highway, Suite 255
Knoxville, TN 37920
Phone: 865-244-2020 Fax: 865-342-3494

Purpose of disclosure:

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 redisclosure 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 Patient or Authorized Representative

Date Signed (Authorization expires in one year)

(*attach power of attorney/court order/death certificate if applicable)

** For personal copies of medical records (anything that is not a transfer from physician to physician), the first eighty (80) pages are provided at no charge. If your chart is more than eighty (80) pages, Medcopy will contact you by phone to notify you of the fee.