



3328 Jenkins Road
Suite 200
Chattanooga, TN 37421

Phone: 423-825-4040
Fax: 423-825-4043

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

I, _____ hereby authorize _____ to
release the following medical records on _____

DOB: _____ to Chattanooga Peds.

This request and authorization applies to:

- | | | |
|---|---|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Face Sheets | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> History and Physicals | <input type="checkbox"/> Procedures | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Inpatient Record | <input type="checkbox"/> Outpatient Records | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Emergency Room Records | <input type="checkbox"/> Office Notes | <input type="checkbox"/> ALL |

I understand that the patient's information is protected by HIPAA regulations, and that Chattanooga Peds will not release this information unless given permission by the parent/patient.

Signature of patient (or parent if minor)

Date

Printed name of patient

Name of staff member providing information

This authorization to release will expire one year from the date of the signature



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Chattanooga Peds

3328 Jenkins Road, Suite 200, Chattanooga, TN 37421
Phone (423) 825-4040 Fax (423) 825-4043

Notice of Privacy Practices (NPP) Policy

Effective date of policy: 06/01/2013

The Chattanooga Peds Notice of Privacy Practices (NPP) is in compliance with all appropriate laws and regulations, federal, state, and local. An abbreviated **notice is posted prominently** in our office. A copy of this policy is also available on our website.

Every reasonable effort will be made to assure that each patient gets a **Notice of Privacy Practice** on his or her first date of service and annually thereafter. We will document this effort in writing. We must obtain **written documentation** from every patient that he/she has received or been offered this notice.

In the event that the patient does not get a notice while in the office, we will mail the notice to them on the same day. Documentation will be made as to why it was not given to the patient at the time of service and that the notice was mailed.

This office will comply with all aspects as printed in our Notice of Privacy Practices.

By signing below you acknowledge that you have read and been offered a personal copy of the Chattanooga Peds Notice of Privacy Practices.

Please list below all individuals authorized to receive protected health information and/or to bring patient into our office in the absence of a parent or legal guardian:

| | |
|---------------------------|-------------------------|
| Patient's Full Legal Name | Patient's Date of Birth |
|---------------------------|-------------------------|

| | |
|---------------------------|-------------------------|
| Patient's Full Legal Name | Patient's Date of Birth |
|---------------------------|-------------------------|

| | |
|---------------------------|-------------------------|
| Patient's Full Legal Name | Patient's Date of Birth |
|---------------------------|-------------------------|

| | |
|---------------------------------------|-------------------|
| Signature of Parent or Legal Guardian | Date of Signature |
|---------------------------------------|-------------------|

| | |
|--|-------------------------|
| Printed Name of Parent or Legal Guardian | Relationship to Patient |
|--|-------------------------|