

Soddy Daisy Pediatrics
9089 Dayton Pike
Soddy Daisy, Tn 37379
423-451-0623 Office 423-451-0624 Fax
Shahla Kaukab M.D. - Kaukab Naseer M.D.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you to our general Patient Consent Form. On occasion, the patient and the practice may want to use PHI for reasons other than treatment, payment, health care operations. This form summarizes the anticipated use of information about you for which this authorization is required. The Practice provides this form to comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Please release the medical records on the patient listed below:
To: Soddy Daisy Pediatrics 9089 Dayton Pike Soddy Daisy, TN 37379

From: _____

Address: _____

Phone: _____ Fax: _____

Patient Name: _____ DOB: _____

What is to be released? All medical records Specific Date(s) _____
The Medical Record Information will be used and/or disclosed for the following purposes: Change of Primary Physician

Expiration date of this authorization: _____
The above mentioned protected health information may be subject to re-disclosure by the party receiving the information and may no longer be protected by the privacy rules.
By signing this form, you authorize the Practice to use and disclosure protected health information about you for the reasons mentioned above. You have the right to revoke this authorization at any time, in writing, signed by you. However, such a revocation shall not affect any disclosure we have already made in reliance on your prior authorization. Submit your revocation to the Privacy Officer of Soddy Daisy Pediatrics.

This Authorization was signed by: _____
Print Name-Parent, Guardian or Patient

Relationship to Patient (if other than patient): _____

Signature: _____ Date: _____

I understand that by forwarding my records to another primary care physician, this will end my relationship with Soddy Daisy Pediatrics as a patient and that I may not be allowed to return to this practice.
