Spring Creek PEDIATRICS

INFORMATION TO BE RELEASED TO:

Spring Creek Pediatrics
929 Spring Creek Road
Suite 206
Chattanooga, TN 37412
Office: 423-892-3400 | Fax: 423-892-8266

Patient Name: _____

Date of Birth: _____ /_____ /_____

Parent Name: _____

Phone: (_____) _____

INFORMATON TO BE RELEASED FROM:

Name: _____
(Physician)

Facility: _____
(Name of Office/ Facility)

Address: _____
Street City State & Zip Code

Phone: (_____) _____ Fax: (_____) _____

INFORMATION TO BE RELEASED: (check one)

□ Recent 2 years of Pertinent Information. (chart summary, most recent well check, vaccine record)
□ All Medical Records (Fees may apply)
□ Specific Information: please specify _____

PURPOSE FOR WHICH THE DISCLOSURE IS BEING MADE: (please check one)

□ Relocation □ Change of doctor □ Insurance □ Personal □ Legal

NOTICE OF PRIVACY

By my signature, I have been made aware of the SPRING CREEK PEDIATRICS' HIPAA Privacy Regulations. A synopsis of the manual is posted and available upon written request. A copy of the Federal Laws Governing the Protected Health Information (PHI) may be downloaded by going to https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html

CONSENT TO USE & DISCLOSE HEALTH INFORMATION

I understand that as part of my child's care, SPRING CREEK PEDIATRICS originates and maintains paper and or electronic records describing their health history, symptoms, exams, test results, diagnoses, treatments, and plans for future care or treatment.

I Authorize the release of any office notes and results of tests in the event it is needed to help with the diagnosis and plan of care for further treatment in coordination of care for my child. I permit a copy of this information to be used in place of the original. I understand there may be a copying fee for medical records and payment is due at time of request.

Signature: _____ Date: _____
(Patient 18+, Legal Guardian, authorized representative)

This authorization will expire 90 days from the date signed
Possible copying fee may be required

**Revised 5.24*