

Colon & Rectal Surgery Associates of Nashville, PLC
345 23rd Avenue North Ste. 300 Nashville, TN 37203
phone (615)342-5740/fax (615)342-5742

Medical Records Release Authorization

I hereby authorize Colon & Rectal Surgery Associates of Nashville, PLC to release or disclose to the provider, facility or entity named below, all of my medical records, including any specially protected records, including those relating to drug abuse, psychiatric or psychological treatment, alcoholism, HIV infection, sickle cell anemia, for the purpose of medical treatment.

I authorize Colon Rectal Surgery Associates to _____ release copies of my medical records to
_____ obtain records from

Physician, Clinic or Other Entity: _____

Address: _____

Phone/Fax _____

Special Instructions: _____

Purpose of Disclosure: _____

Patient Name: _____

Address: _____

Telephone Number: _____

Patient Date of Birth: _____

If you do not want certain portions of your medical record released, please initial the boxes indicating the information which you do NOT want released. I hereby authorize Colon & Rectal Surgery Associates of Nashville, PLC to release the specific health information to entity named on this release with the exception of:

___ Substance Abuse; ___ Psychological or Psychiatric conditions; ___ HIV, AIDS, STD

___ Treatment or procedures for which I have made direct and full payment

This authorization will expire on the date of: _____

I understand that I may revoke this authorization, in writing, at any time prior to the expiration date, but will not be binding on Colon & Rectal Surgery Associates of Nashville, PLC until it is received. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy rules. I understand that this authorization does not limit Colon & Rectal Surgery Associates of Nashville, PLC from disclosure or use of my information for treatment, payment or healthcare operations or as permitted by law.

Patient or Authorized Representative Signature: _____ Date: _____