

Carpenter Primary Healthcare
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize: _____

to release to: Carpenter Primary Healthcare, PLLC.
Dr. Terrell Carpenter DNP, FNP-BC
1251 Wesley Dr. Suite 104 O: (901) 348-6426 F: (901) 207-5178
Memphis, TN 38116

Medical information relating to my treatment in the said facility for the following purpose only: _____

And the following specific type data:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lab data | <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> EKG and Cardiac studies |
| <input type="checkbox"/> Operative reports | <input type="checkbox"/> History & PE | <input type="checkbox"/> Discharge data |
| <input type="checkbox"/> Clinic visits | <input type="checkbox"/> Other _____ | |

The expiration date or expiration event for this authorization is _____ or if no expiration date is known it will expire in 6 months after date below and it covers only treatment prior to that date. I understand I may revoke this authorization at any time with a written request to the Health Information Management department of the involved offices. The request must contain the signature of the patient or the patient's legal representative and must be notarized. Revocation of this authorization is allowable only to the extent that the release of information has not already occurred and/or only if Carpenter Primary Healthcare, PLLC. has not taken action in reliance thereon. I understand that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining this authorization.

I further understand that any disclosure of records concerning diagnosis and/or treatment for alcohol or drug abuse is covered by Title 42 of the Code of Federal Regulations, and if there is any such information, I hereby authorize the release of this information. This authorization also includes any information related to diagnosis and/or treatment of any psychiatric or mental illness or any state of infection with the HIV (AIDS) virus.

Carpenter Primary Healthcare, PLLC is hereby released from any legal liability that may arise from the release of the information requested. Please note that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected under applicable federal law.

Signature of Patient or Authorized Individual

Date

Relation if Signed by Other than Patient

Phone #

Address City State Zip

Date of birth

Witness

Date