

Crossville Location:
49 Cleveland St, Suite 220
Crossville, TN 38555
Main Line: 931-219-9990
Fax Number: 931-717-1180



Oak Ridge Location:
700 S. Illinois Ave, Suite A104
Oak Ridge, TN 37830
Main Line: 865-383-0737
Fax Number: 865-383-0015

Johnathan W. Hafner, M.D.
Medical Records Release Form

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the physician/facility/entity listed below.

Patient Name: _____ Date of birth: _____

The information you may release subject to this signed release for is as follows:

- | | | | | | |
|------------------|--------------------------|-------------------|--------------------------|------------------------------|--------------------------|
| Complete Records | <input type="checkbox"/> | Pathology Reports | <input type="checkbox"/> | Operative Records | <input type="checkbox"/> |
| Lab Reports | <input type="checkbox"/> | Radiology Reports | <input type="checkbox"/> | History & Physical | <input type="checkbox"/> |
| Care Plan | <input type="checkbox"/> | Progress Notes | <input type="checkbox"/> | Other (please specify below) | <input type="checkbox"/> |

Release my protected health information to the following physician/person/facility/entity and/or those directly associated in my medical care:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The purpose/reason for this release of information is as follows:

Printed Patient Name

Signature of Patient or Personal Representative

Patient Date of Birth or Social Security Number

Printed Name of Personal Representative

Date

Description of Personal Representative's Authority