East Tennessee Pediatric Cardiology, PC

Yvonne A. Bremer, MD, FAAP, FACC
Michael R. Liske, MD, FACC

2001 Laurel Ave Suite NG4 • Knoxville, Tennessee 37916 • (865) 971-6897 • fax (865) 971-1597

HIPAA AUTHORIZATION

Our office is permitted by federal privacy laws to make uses and disclosures of your/your child's health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you/your child. Such information may include documenting symptoms, examinations and test results, diagnoses, treatment, and apply for urgent care or treatment. It also includes billing documents for those services.

A complete copy of the privacy practices is posted in the office lobby for your review.

I acknowledge that I have been informed of the privacy practices and for protected health information.

Patient/Parent/Legal Guardian/Durable medical power of attorney:

Signature: _____ Date: _____

RELEASE OF MEDICAL INFORMATION

I give my permission to release medical information regarding my/my child's care to the following persons: (family, and/or friends):

1. _____
2. _____
3. _____
4. _____

This permission will remain in effect until canceled in writing.

Patient/Parent/Legal Guardian/Durable medical power of attorney:

Signature: _____ Date: _____

MEDICAL RECORDS RELEASE

I authorize the release of medical information to:

East Tennessee Pediatric Cardiology, PC
2001 Laurel Ave, Suite NG4
Knoxville, TN 37916

Patient Name: _____ Date of Birth: _____
Patient/Parent/Legal Guardian/Durable medical power of attorney:

Signature: _____ Date: _____

Date requested: _____ Fax: _____ Mail: _____