East **T**ennessee **C**ancer and **B**lood **C**enter

Dr. A.K. Sen, M.D., M.R.C.P. (U.K.) F.A.C.P.

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423-787-7080/423-787-7087

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Johnson City, Tn 37604
423-282-0534/423-282-2064

RELEASE OF INFORMATION

DATE: _____

Information requested from: _____

Patients Last Name _____ First Name _____ MI___

Date of Birth (mm/dd/yyyy) _____ Social Security # _____-____-_____

Please read carefully and complete-

I hereby authorize disclosure of my protected health information to East Tennessee Cancer and Blood Center, LLC as follows:
Complete medical record for all services to include: History and Physical, Exams, Progress Notes, Laboratory results, Physician Orders, Radiology Reports, Inpatient Admissions, Medications, and Chemotherapy treatment sheets.

The purpose of this release of information is for: Continuum of care with another provider.

I understand the following (*Please read and initial all statements)*

___ I understand that my records are protected under the HIPAA/PHI regulations and the Patient and Physician Privilege.

___ I understand that under the Federal Protected Health Information Regulation, I have the right to review my records and request amendments where appropriate.

___ I understand that my health information may be subject to re-disclosure and not Protected by federal or state statues (medical emergencies, authorized court order)

___ I understand that the specific information to be disclosed in my medical record may Included information regarding drug or alcohol use, counseling referrals and /or a History of testing or treatment of acquired immune deficiency syndrome (AIDS) or or related conditions.

___ I understand that I may revoke this authorization at anytime by notifying ETCB in writing except that revocation will not cancel any action taken by ETCB upon the original Authorization for Release of PIM.

___ I understand that this Authorization of Release will expire in 90 days from the date signed.

_____ _____

Signature of Patient *Witness Signature*

The information on the above patient had been disclosed to you from records protected by federal confidentially rules.42 CFR part2.Receibing entities are prohibited from further disclosure without written consent of the above named patient. A general authorization for release is not sufficient for this purpose.