

**BRENTWOOD PEDIATRICS,pllc**

5111 Maryland Way, Suite 301

Brentwood, TN 37027

Phone (615) 661-4256 & Fax (615) 661-4253

**RELEASE OF RECORDS REQUEST**

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

FACILITY TO RELEASE THE RECORDS FROM

\_\_\_\_\_ Their Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*PLEASE INITIAL BELOW*

\_\_\_\_\_ I authorize the release of my medical records /my child's medical records in accordance with the specifications listed above.

\_\_\_\_\_ I understand this authorization is valid for 1 year unless otherwise stated or cancelled by me with written notice.

\_\_\_\_\_ I understand that the information above may contain mental health, developmental disabilities, AIDS test results, AIDS-related disease diagnosis, drug abuse or other privileged information.

Printed name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE FAX OR MAIL TO: Dr. Jill Forbess & Dr. Rodney Hamilton

**Fax: (615) - 661 - 4253**

**BRENTWOOD PEDIATRICS,pllc**

5111 Maryland Way, Suite 301

Brentwood, TN 37027