

Hamblen Pediatric Associates, Inc

1817 West Morris Blvd
Morristown, TN 37813

657 E. Broadway Blvd
Jefferson City, TN 37760

In keeping with HIPAA regulations, we must have the following information on file.

Patient's Name _____ Date of Birth _____

Parent/Legal Guardian _____ Relationship _____

I, _____, authorize Hamblen Pediatric Associates, Inc, its physicians and employees to do the following:

Please circle:

They **may** / **may not** leave a message at my home number.

They **may** / **may not** call me at work and / or leave a message at work.

They **may** / **may not call** and leave a message at a grandparent/neighbor if I do not have a telephone.

They **may** / **may not** discuss information with my child's school (State law allows a minimum exchange of information without an authorization such as immunization record. For diagnosis information a separate release of information is required).

They may give results to / and or discuss my/my child's health care / insurance / billing with:

Name: _____ Relationship _____ Telephone _____

Name: _____ Relationship _____ Telephone _____

This authorization will remain in effect until I provide written instructions otherwise.

Parent/Legal Guardian Signature

Date