



8 Sheridan Sq, Ste 201 Kingsport TN 2312 Knobb Creek Rd, Ste 208 JC, TN

Shailee Madhok, M.D., FACCAI

Phone: 423-246-6445

Fax: 423-246-8240

Medical Information Release Form (HIPPA Release Form)

Name: _____

Date of Birth: _____

Release of Information

I authorize the release of information including the diagnosis, records of examination rendered to me and medical claims information. This information may also be released to:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

This release of information will remain in effect until terminated by me in writing.

_____ My information is only to be released to myself and no one else.

Messages

Please leave a detailed message on my phone number: _____ and/or _____.

_____ Please leave a message for me to return the call with no details at numbers above.

Print Name of Patient

Signature of Patient/ Representative

Witness Signature

Date