



329 Wesley Street, Johnson City, TN, 37601 | Phone 423.631.0055 | Fax 877.409.2095

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

PATIENT INFORMATION:	Last Name: _____ First Name: _____ Date of Birth: _____
I AUTHORIZE RELEASE FROM:	Office/Clinic Name: _____

Records from ALL clinics, excluding Mental Health, will be released if clinics are not specified on the attached list.

TO RELEASE INFORMATION TO:	Name: KidsFirst Children's Urgent Care Address: 329 Wesley Street Johnson City TN, 37601 Phone: 423.631.0055 Fax: 877.409.2095
PURPOSE OF DISCLOSURE:	<input type="checkbox"/> Transfer of Care <input type="checkbox"/> Payment of Claim <input type="checkbox"/> School <input type="checkbox"/> Legal <input type="checkbox"/> Personal Use <input type="checkbox"/> Other (specify): _____
RELEASE METHOD:	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Pick-up

