



KNIGHT FAMILY CHIROPRACTIC, PC
 4720 Traders Way, Suite 1000 ■ Thompson's Station, TN 37179
 750 Old Hickory Blvd., Building 2, Suite 150 ■ Brentwood_■ (Inside Brentwood Commons)
PH: (615) 856-1902 ■ FAX: (615) 535-5946
EMAIL: info@KnightFamilyChiro.com

AUTHORIZATION TO RELEASE MEDICAL RECORDS

(This authorization complies with HIPAA)

Printed Name of Patient (first, middle, last name)		Birthdate (mm/dd/yyyy)
Address (Street Address, City, State, Zip Code)		
Phone Number	E-mail	

I hereby authorize the following entity to release my entire medical record, treatment record and diagnostic record currently on file to the stated entity below. The purpose of this release of records is for continuity of care.

Person/Organization to Release Information Knight Family Chiropractic, PC		
Street Address 4720 Traders Way, #1000		
City Thompson's Station	State TN	Zip Code 37179
Phone Number 615-241-0233	Fax Number (615) 535-5946	

The following person/organization is hereby authorized to receive my entire medical record, treatment record and diagnostic record from the previous listed entity:

Person/Organization to Receive Information Dr. Guin Bennett		
Street Address 750 Old Hickory Blvd., Bldg 2, Suite 150		
City Brentwood	State TN	Zip Code 37027
Phone Number 615-852-5518	Fax Number	

By my signature below, I acknowledge that any prior agreement I have made to restrict or limit the disclosure of information about my health does not apply to this authorization.

_____ All health information is to be released unless the following dates of restriction are noted.

_____ Health information that relates to service beginning from _____ to _____, may be released.

I have read (or have had read to me) this authorization, and I agree to its terms as indicated by my signature below. I am entitled to a copy of this authorization.

Signature of Patient or Personal Representative:	Date Signed:	Description of Personal Representative's Authority: