

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

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**RELEASE RECORDS TO: OR OBTAIN RECORDS FROM:
(Circle One)**

Name, Address and Phone Number

RECORDS TO BE RELEASED: ALL EGD COLONOSCOPY
PATHOLOGY

OTHER: _____

REASON FOR RECORDS RELEASE (PLEASE CHECK):

MOVING INSURANCE DISSATISFIED WITH PHYSICIAN

WAIT TIMES SPECIFY (WAITING ROOM, IN ROOM, NURSE, APPT)

DISSATISFIED WITH STAFF

COMMENTS:

X _____
Signature of Patient or Healthcare Agent

Signature of Witness

X _____
Printed Name of Patient

Printed Name of Witness

X ____/____/____
Patient's Date of Birth

Title of Authorized Person (if applicable)

Date: ____/____/____

RELEASE EXPIRES 1 YEAR FROM THE DATE SIGNED.

Tenn. Code Ann. § 63-2-102 (2012)

There is a fee of \$20 for the first five pages or less of the medical record and a per page charge of .50 for all pages thereafter. There is NOT a charge to release records directly to another physician.

Knoxville Location:
9349 Park West Blvd.
Suite 101
Knoxville, TN 37923

Lenoir City Location:
Fort Loudoun Medical Center Blvd.
Suite 105
Lenoir City, TN 37772