

**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:**  
9330 Park West Blvd.  
Suite 506  
Knoxville, TN 37923

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