UNION UNIVERSITY
HEALTH SERVICES
1050 Union University Drive, Jackson, TN 38035
Phone: (731) 661-5284 Fax: (731) 661-5499

Chris Lewis, M.D.
Brittany Hart, FNP
Cathy Ammerman, FNP
Jennifer Chicantek, Clinic Assistant
Health Records Coordinator

# AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Last 4 of SSN: _____

Student ID# _____ Cell Phone# _____

I am requesting my medical records from:

| | | | |
|---|---|---|---|
| Facility Name: | | | |
| Address: | | | |
| City/ST Zip: | | | |
| Phone # | | Fax# | |

This request and authorization applies to:

_____ Healthcare information relating to the following treatment, condition, or dates: _____

_____

_____ Entire Record _____ Imaging / X-Ray Reports & Films _____ Lab Results

_____ Immunization record: _____

_____ Other

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above. _____ Yes _____ No

Patient Signature: _____ Date: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED