

Release Of Medical Information

Name (Please print): _____

By signing below, I authorize AdvancedHEALTH dba VeinCare Centers of Tennessee to release my medical and billing information to:

Relationship Spouse Child Caregiver Parent Other

Name of Designated Person _____

_____ Initials

AdvancedHealth dba VCOT may leave appointment information on my voicemail:

Home Cell Relative **Name & Phone Number of Relative:** _____

_____ Initials

I authorize the following to pick up prescriptions, X-rays, etc.

Relationship		Medical/Billing	Pick up	Name of Designated Person
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	_____
Relative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cargiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	_____

Patient/Parent Signature _____ Date _____

We charge a \$20 flat rate for 1-5 pages plus .50 per additional page and postage.

I understand that AdvancedHealth dba VCOT will ask for identification of the person picking up patient medical information or products.

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents or any insurance carrier or other third party payer, any information needed to determine these benefits or the benefits payable for related services. I also authorize AdvancedHealth dba VCOT, to have access to any prior medical records that may be needed in assessing my present medical problems. If during my treatment I am referred to another physician, I also agree that AdvancedHealth dba VCOT, may send any records needed for such consultation, evaluation, or treatment.

Patient Signature _____ Date _____

Patient Portal:

Would you like it have access to the Patient Portal? You can see your information and alerts about appointments, along with other great features.

Yes, please sign me up. My email address is _____.

No, I do not wish to participate.

May we contact you, from time to time, with news and announcements, special offers or requests for reviews?

Yes No