Polek MD

Samuel Polek, M.D., 2803 Greystone Commercial Blvd, Ste 12, Birmingham, AL 35242
Office: (866) 219-2688 Fax: (423) 523-0994 Email: reception@polekmd.com

Samuel Polek, M.D., 128 North 2nd Street, Ste 202, Clarksville, TN 37040
Office: (866) 219-2688 Fax: (423) 523-0994 Email: reception@polekmd.com

Authorization for Release of Protected Health Information (PHI)

Patient Name _____ SSN# _____
Address _____
City _____ State _____ Zip _____
Phone _____ DOB _____

I hereby authorize: _____
Address: _____
to release:

- ☐ Office Intake/Evaluation
- ☐ Office SOAP/Progress notes
- ☐ Hospital Discharge Summary
- ☐ Radiology reports
- ☐ Lab results
- ☐ Problem list
- ☐ Other:

I understand that this authorization gives my permission to release any PHI that is contained in my medical record unless I specifically indicate "NO" next to one or more of the categories noted below:
_____***Substance Abuse Information*** _____***Psychiatric/Mental Information*** _____***HIV Information***
This authorization is voluntary and being made at the request of the individual.
The released PHI may no longer be protected by Federal Privacy Laws and may be re-disclosed by the individual or organization authorized to receive the PHI.
This authorization will not be used for medical underwriting. Therefore, my treatment, payments, and enrollment or eligibility for benefits will not be conditioned on my signing this authorization.
This authorization will automatically expire one year from the date signed.
I may revoke this authorization at any time except to the extent that action has been taken in reliance thereon.

Release to:
Polek MD, P.C.
☐ **Samuel Polek, M.D.**
128 North 2nd Street
Suite 202
Clarksville, TN 37040
Phone: (866) 219-2688
Fax: (423) 523-0994

Signed: _____
(*State relationship if not patient*)

Date: _____