Permission to Discuss Care

The University of Tennessee
Family Medicine Center
294 Summar Drive
Jackson, TN 38301
(731)423-1932 OR (800)640-7589

Patient Name: _____

Address:_____

City:_____ State:_____ Zip: _____

Date of Birth: _____

Physician (PCP): _____

UT FAMILY MEDICINE CENTER MAY DISCUSS MY BILLING/MEDICAL INFORMATION WITH THE FOLLOWING PERSONS:

Please Print

Name: _____Relationship:_____

Name: _____Relationship:_____

Name: _____Relationship:_____

This document will remain in effect until you give UTFPC a written document stating otherwise.

_____ _____
Patient Signature Date

_____ _____
Person Authorized to sign for Patient Relationship to patient

Please describe any restrictions: (if applicable)