

Chattanooga Spine and Body

5617 Hwy 153, Suite 103
Hixson, TN 37343

Homero Rivas II, MD

Phone: 423-485-3226
Fax: 423-485-3302

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to
release healthcare information of the patient named above to:

Name: **Chattanooga Spine & Body / Homero Rivas II, MD**

Address: **5617 Hwy 153, Suite 103**

City: **Hixson** State: **TN** Zip Code: **37343**

This request and authorization applies to:

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

All healthcare information

Other: _____

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.