Authorization for Release of Health Information

<table>
<tr><td rowspan="3">Patient Information</td><td>Name   Date of birth   Month/day/year</td></tr>
<tr><td>Address   Phone number</td></tr>
<tr><td>City   State   Zip Code</td></tr>
<tr><td rowspan="2">Release Information from</td><td>Health clinic/hospital or provider</td></tr>
<tr><td>Fax number   Phone number</td></tr>
<tr><td>Release Information to</td><td>NEW HORIZON DIABETES CLINIC   FAX 615-739-6678
390 Harding Place Suite 102   Phone 615-840-7994
Nashville, TN 37128</td></tr>
<tr><td>Information to be release</td><td>❑ History
❑ Last Progress Notes
❑ Labs results
❑ Radiology Reports
I authorize use /or disclosure of information covering treatment from__________________</td></tr>
<tr><td>Reason for release</td><td>❑ Continuation or transfer of care (to another provider)
❑ Other _____________</td></tr>
<tr><td rowspan="2">Authorization</td><td>______________________________   ______________
Patient/Guardian signature   Date</td></tr>
<tr><td>_____________________________   ______________________________
Relation to patient   Reason patient is unable to sign</td></tr>
<tr><td colspan="2">This authorization will expire one year from the date of signature _____________.
This authorization may be revoked at any time except to the extent that action has been taken in reliance upon it or upon final disposition of the conditional release for which authorization was given. I may revoke this authorization at any time by notifying, in writing, the provider / facilities listed in the FROM section. I understand that such revocation may be harmful to proceedings requiring these records. I do not authorize re-release of this information to anyone. A photocopy of this authorization will be treated in the same manner as the original.</td></tr>
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NHDC will not refuse treatment to any patient that refuses to sign an authorization for release of Protected Health Information. Once released, the information will no longer be covered under the Federal Privacy Laws. Information not originated by NHDC will not be released to another facility unless specifically requested.

REV. 01/19