



NORTHSIDE
MEDICAL CLINIC, P.C.

31 Hughes Drive
Jackson, TN 38305
731-668-2800

Release of Medical Information by Alternative Means

Patient Name _____ SSN/DOB: _____

Dependent Children:

Name _____ Date of Birth _____ SSN _____

Name _____ Date of Birth _____ SSN _____

Name _____ Date of Birth _____ SSN _____

I authorize Northside Medical Clinic to release the following medical information as listed below:
(Circle yes or no)

Out pt. testing:	Yes	No	Return Calls:	Yes	No
Lab Appointments:	Yes	No	Xray Results:	Yes	No

Signature and Date: _____

Northside Medical Clinic can release the above information to the following people:

Name/Relation _____

Name/Relation _____

Name/Relation _____

Signature and Date: _____

Northside Medical Clinic can release the above information by the following means: (enter phone number or address)

Answering Machine _____ Voice Mail _____

Mobile Phone _____ E-Mail Address _____

Fax _____

Signature and Date: _____

I revoke this Release of Medical Information by Alternative means as of _____
Date

Signature