

COOL SPRINGS OB / GYN

Dr. Jeffrey Lodge
1804 Williamson Court
Brentwood, TN 37027

Release of Medical and Billing Information

I, _____, authorize the physicians of Cool Springs OB/GYN and their staff to release information on file regarding my care to the person(s) listed below:

Name _____ Relationship _____

This person is allowed access to any and all of my medical information and billing

Only information regarding my medical treatment

Only information regarding my billing account

Name _____ Relationship _____

This person is allowed access to any and all of my medical information and billing

Only information regarding my medical treatment

Only information regarding my billing account

Name _____ Relationship _____

This person is allowed access to any and all of my medical information and billing

Only information regarding my medical treatment

Only information regarding my billing account

I understand that by signing this release, the designated person(s) above will be able to speak to any member of Cool Springs OB/GYN staff. Furthermore, I understand that the physician's office cannot be held liable for any information the above stated person(s) may obtain regarding my medical care, my account and/or appointment. I also understand and agree that the staff at Cool Springs OB/GYN is allowed to leave messages regarding my care at the phone numbers on file for me.

Patient Signature _____ Date _____

Witness Signature _____ Date _____