

Performance Therapeutics  
1320 Old Weisgarber Road  
Knoxville, TN 37909  
(865) 584-1054 Fax (865) 588-8350

**Medical Records Release**

Permission is needed from you, the patient before any information (lab results, diagnostic tests, billing (account) information, etc.) can be given to anyone other than yourself. This includes your spouse or any other family member. The only exception would be for minors eighteen (18) years of age living with you.

Please list in the area provided below the person(s) you wish information to be given to, for whatever reason. If you wish for no one to be given information, provide those instructions also.

I am aware that reports needed by other health care facilities for my care may be given at the doctor's direction.

\_\_\_\_\_ I do not want information given to anyone other than myself.

My information may be given to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Patient Signature

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Witness

NOTE: The above does not include HIV testing which must always have expressed written permission from the patient to be given to anyone other than the patient except in the event of a court order.