Baptist Ambulatory Surgery Center

Authorization for Release of Medical Information

This form is to authorize Baptist Ambulatory Surgery Center to release medical information, in accordance with the facility's policy, regarding the visit of:

_____ Date of Service:_____

Baptist Ambulatory Surgery Center is hereby released from all legal liability that may arise for the release of the information requested.

_____	_____
Print Patient Name	Date of Birth
_____	_____
Patient of Nearest Relative	Date
_____	_____
Witness	Date

Authorization must be signed by the patient, or by the nearest relative in the case of a minor or when the patient is physically or mentally incompetent.

Please fax completed form to (615) 320-5319.