



SWAN SURGICAL
CARDIAC THORACIC VASCULAR

SWAN SURGICAL, PLLC
353 NEW SHACKLE ISLAND RD., SUITE 200A
HENDERSONVILLE, TN 37075

Release of Medical Appointment and Billing Information

By signing below, I authorize the physicians of Swan Surgical, PLLC and their staff to release information on file regarding my medical treatment and to leave information, when necessary, regarding appointment times and dates, with the person(s) listed below.

I understand that by signing this release, the designated person(s) listed below will be able to speak to any member of Swan Surgical, PLLC staff. Furthermore, I understand that the physician's office cannot be held liable for any information the below stated person(s) may obtain regarding my medical care, my account, and/or appointment.

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

I authorize the people listed above to have access to: (Please initial all that apply)

___ My financial records

___ My appointment records

___ My Health Information

___ I DO NOT AUTHORIZE anyone to access to my financial, appointment and/or health information and understand that if anyone should call, we cannot release ANY information until notified by you.

Automated messaging preferences: (Please check all that apply)

___ Text message

___ Telephone

___ Email

Patient Signature

Date

Print Name