

**Knoxville Psychiatry, PLLC**  
**310 N. Forest Park Blvd. Suite 202**  
**Knoxville, TN 37919**  
**Phone: (865) 539-2221**

Please list individuals involved in your healthcare that we may contact and/or discuss your care?

NAME	RELATIONSHIP	PHONE NUMBER

I authorize Dr. Ginger Lovingood, Dr. Allen Rigell, Dr. Julia Wood and the staff of Knoxville Psychiatry to contact me or the individuals listed above. If necessary Knoxville Psychiatry may leave medical information pertaining to my care by the following methods. I assume responsibility for notifying them whenever this information changes

Address: \_\_\_\_\_ YES NO

Home Phone: \_\_\_\_\_ YES NO

Cell Phone: \_\_\_\_\_ YES NO

Text Message: \_\_\_\_\_ YES NO

Email: \_\_\_\_\_ YES NO

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_