

Medical Release Form

Please list below the names, relationship, and phone number of any authorized individual's (spouse, family members, friends, caregivers, etc) that we may discuss your medical or financial information with.

Signature of Patient/Guardian

Date

OR

If you do not want any of your medical or financial information discussed with anyone other than yourself, please sign here

Signature of Patient/Guardian

Date

Information is private and confidential and will be placed in your Electronic Medical Chart. The information on this form will remain valid until we are notified otherwise.