



Release of Information

In reference to our Privacy Practices, we ask that you please list the people we are allowed to discuss your personal information with regarding your care, treatment, appointment, information, or financial obligations. Our staff will not discuss any of your medical information with anyone that is not listed. If there is no one you want us to release your information to, please just write in "NO ONE" on the first line. It is your responsibility as the patient to notify our practice when changes need to be made to this list.

Please Note: You must put spouse or parent name (if minor) or we cannot speak to them.

Patient Name: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____