

RELEASE OF INFORMATION

PATIENT NAME _____ DATE OF BIRTH _____

RELEASE OF INFORMATION:

<p>In the course of treatment, if the office is contacted by family and/or friends to aid the patient in care, treatment arrangements, transportation, appointments, and various aspects of care, please indicate below to whom we can release information:</p> <p>_____</p> <p>_____</p>	<p>Is there any specific information we need to be aware of regarding contacting you (specific people who you do not authorize to receive messages, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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PRINT NAME (name of Parent/Guardian if patient is a minor)

SIGNATURE

DATE

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