Reservoir Family Medical Clinic

1679 Old Fannin Road ~ Suite E ~ Flowood, Mississippi 39232
Phone (601) 992-6511 ~ Fax (601) 992-5684
Dr. Charles N. Crenshaw

Consent to Disclose Medical Information

With this authorization, **I give my permission to disclose my personal health information, if necessary, to the following family member(s), friend(s), or other physicians.**

Name Phone

Relationship to Patient

Name Phone

Relationship to Patient

Name Phone

Relationship to Patient

I am also under the care of the following provider(s) and allow the disclosure of my medical records when needed for continuation and coordination of care.

Name Specialty

Clinic / facility name Phone

Name Specialty

Clinic / facility name Phone

Name Specialty

Clinic / facility name Phone

I understand that I may revoke this authorization at any time. I also understand that my medical information may be disclosed without my authorization in times of emergency or if it is reasonably determined in my best interests to do so.

Signature of patient or legally authorized representative Name and relationship of representative

Witness signature Date