

Date \_\_\_\_\_

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Healing the Heart and the Soul  
AnointedHands.Net

# Medical Information Release

**Name**

**DOB**

- I authorize the release of my information; including, but not limited to: diagnosis, records, medications, examinations, referrals, insurance, and claims. This information may be released to:
- Spouse
  - Children
  - Other
  - Do not release my information to anyone

Authorized Person(s)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

*This Release of Information will remain in effect until terminated by myself in writing, or in 90 days from today's date.*

## Voice Messages

- Please leave no detailed messages, only requests for a returned call.
- Please leave detailed messages.

Please leave messages on:

- My home
- My work
- My cell

Patient Name (*printed*) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_