
Patient Name

Date of Birth

RELEASE OF PERSONAL HEALTH INFORMATION

I direct Deerwood Family Practice to disclose and release my protected health information Described below upon request to:

Name	Relationship

- Entire Record
- Radiology Reports
- Office Notes
- Immunization record
- Lab results
- Alcohol/substance abuse
- HIV/STD record
- Mental Health
- Billing

This authorization shall apply to all past, present and future periods and shall remain in effect unless revoked in writing.

 Patient name/parent or guardian if minor

 Date

 Patient name/parent or guardian if minor

 Date