

Ambulatory/Clinic
Permission to Share Information With Persons Involved In My Health Care

We need your written permission to share your information with persons involved in your health care, even appointment information.

SIGNATURE

The authorization to release information to the parties in Patient Contacts listed as involved in care expires one year from the date listed below unless you tell us otherwise.

Signature of Patient/Legal Representative

Signature of Patient/Legal Representative



@FOOTERON090@Ambulatory/Clinic Permission to Share Information With Persons Involved In My Health Care

EM-FR-TX-3664-1216-SCLHS