

Today's Date: \_\_/\_\_/\_\_

### RELEASE OF CONFIDENTIAL INFORMATION

<b>NAME:</b> _____ <b>DATE OF BIRTH:</b> __/__/__ <small>(Last) (First) (Middle)</small>
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Please list below individuals with whom we may speak to about your medical condition, concerns, appointment times and etc.

**\*\*Note: Unless individual is listed below, we will not release information, including appointment times:**

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Signature: _____	Today's Date: _____
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