

Confidential Information Release Form

I, _____ authorize Dr. Tara Boyle, Dr. David Beck, Dr. Mary Augustyn, Dr. Joelle Prose and all staff to release any medical information to the following (check all that apply):

_____ Primary and Referring Doctors

_____ Spouse or Partner

_____ Family Members (including parents, siblings, and children 18+ years old)

_____ Other Healthcare Facilities

_____ None of the above, I want information released only to me

Patient Signature

Date