

Instructions for **yourself** OR **minor 14 years old and over:**

- First blank: patient's name
- Second blank: NA
- Check either ENTIRE RECORD; or OTHER ITEM and then list specifically what information can be released (appointment times, billing information, etc.)
- Check either TO, FROM, or both, to specify if we are only allowed to release information TO someone, or only allowed to receive information FROM someone, or both.
- Enter the name, address and phone numbers of person or business we will be communicating with (spouse/parent/guardian, provider, etc).
- Check the reason we are activating this release.
- Time frame: first blank is the start date of this authorization (date we are allowed to begin communicating information), second blank is the termination date (date we will cease communicating information). We will be authorized to release the information you specify only between these two dates.
- Patient sign and date form.

Instructions for **child under 14** OR **adult you have power of attorney for:**

- First blank: guardians name.
- Second blank: patients name.
- Check either ENTIRE RECORD; or OTHER ITEM and then list specifically what information can be released (appointment times, billing information, etc.).
- Check either TO, FROM, or both, to specify if we are only allowed to release information TO someone, or only allowed to receive information FROM someone, or both.
- Enter the name, address and phone numbers of person or business we will be communicating with (spouse/parent/guardian, provider, etc).
- Check the reason we are activating this release.
- Time frame: first blank is the start date of this authorization (date we are allowed to begin communicating information), second blank is the termination date (date we will cease communicating information). We will be authorized to release the information you specify only between these two dates.
- Parent/Guardian sign and date form.