



# CASA SAN PIO CLINICS OF APPALACHIA

638 EAST COLLEGE AVENUE, SUITE B STANTON, KENTUCKY 40353 PHONE: 606.318.3500 FAX: 606.318-3503

## Authorization for Release of Medical Information to Others

I hereby authorize Casa San Pio Clinics of Appalachia to discuss with and/or release information to the following person(s). This includes your spouse if you want them to have access to your medical information. Also, children 18 years or older must give permission for their parents to have access to their information.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Please check the following information you allow to be discussed or release

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Care and Condition    | <input type="checkbox"/> Pick up Drug Samples | <input type="checkbox"/> Test Results |
| <input type="checkbox"/> Pick up Prescriptions | <input type="checkbox"/> Pick up Forms        | <input type="checkbox"/> Insurance    |

**This document shall remain in effect until it is revoked by my written notification.**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_