

RELEASE OF CONFIDENTIAL INFORMATION

This is to inform you that, for your protection, it is our office policy not to release any information regarding your history to anyone without your permission. This includes spouses and parents of minor children, regardless of who is responsible for the payment.

If it is your desire that we be able to discuss your medical case with someone other than yourself please indicate it in the appropriate box below. Please list the names of those individuals in the space provided.

_____ I do **NOT** wish you to discuss my medical case with anyone besides myself.

_____ You have my permission to discuss my medical case with the following individual(s):

Signature

Date