

G. I. ASSOCIATES OF WEST ALABAMA, P. C.
PERMISSION TO RELEASE INFORMATION

It is a breach of patient confidentiality for a physician and/or their staff to release any information regarding you or your medical condition to anyone without your permission. This includes your medical condition, prognosis, appointment times, insurance information, billing, and demographic information. Therefore, if you anticipate the need for anyone else to have access to this information, please complete the following information below.

I (we), the undersigned patient and/or responsible part, hereby authorize G. I. Associates of West Alabama, P. C., its physicians, agents, employees, or representatives to discuss or release any or all patient information, billing information, appointment scheduling, prescriptions, etc. to the person or persons indicated below.

Spouse Name: _____ Phone#: _____

Parents Name: _____ Phone#: _____

Children Name: _____ Phone#: _____

Other
Relationship:

_____ Name: _____ Phone#: _____

Patient Signature

Date