



Authorization to Release Information to Family Members

Many of our patients allow family members such as their spouse, significant other, parents or children call and request the results of tests, procedures and financial information. Under the requirements for H.I.P.A.A. we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical information, any diagnostic test results and/or financial information released to any family members you must sign this form.

You have the right to revoke this consent, in writing, except where we have already made the disclosures in reliance on your prior consent.

I authorize Saco River Medical Group to release my records and any information requested to the following individuals:

1. _____ Relation to Patient: _____ Phone Number _____

2. _____ Relation to Patient: _____ Phone Number _____

3. _____ Relation to Patient: _____ Phone Number _____

4. _____ Relation to Patient: _____ Phone Number _____

Patient Name (PLEASE PRINT)

Date

Patient Signature