Premission to Disclose Health Information

We may disclose your health information to a family member, personal representavie, a friend or to other person(s) to the extent necessary to help with your healthcare, **but only if you agree that we may do so**. Please list the individules below who have your permission to share your health and/ or financial information.

Name	Relationship to Patient	Signature of Patient	Date	Information OK to Release
				☐ Medical ☐ Financial ☐ Revoked Initial & Date
				☐ Medical ☐ Financial ☐ Revoked Initial & Date
				☐ Medical ☐ Financial ☐ Revoked Initial & Date
				☐ Medical ☐ Financial ☐ Revoked Initial & Date
				☐ Medical ☐ Financial ☐ Revoked Initial & Date
				☐ Medical ☐ Financial ☐ Revoked Initial & Date

* Caregivers and those with Power of Attorney who are filing out this form should include their names on this list