



### Use and Disclosures of Public Information

To whom may we release OR discuss information regarding your healthcare, billing, and protected health information?

Your information will not be released to anyone without your written consent. You may change who you share this information with at any time by updating this form.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Print)

Patient Signature: \_\_\_\_\_