

Release of Information

To whom it may concern:

Please be advised that (_____) and any member, associate, or designee of that firm are hereby authorized to inspect and copy or be furnished copies of any and all hospital, dental, or medical records of any sort as well as charts, notes, medical bills, dental bills, x-rays, lab reports, and prescriptions and are to be furnished and all other information without limitations pertaining to any confinement, examination, treatment or condition of myself, including medical, dental, psychological, or other treatment; examinations; or counseling for any medical dental, or psychological condition.

This authorization shall be considered as continuing and you may rely on it in all respects unless you have previously been advised by me in writing to the contrary. It is expressly understood by the under-signed and you are hereby authorized to accept a copy of photocopy of this medical authorization with the same validity as though an original had been presented to you.

Date this _____ day of _____, 20 _____ .

X _____