

McMINN CLINIC
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Homewood, AL 35209
(205) 868-1313

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Please list below the name(s) of the people to whom you authorize the release of your medical information:

(This may include (but is not limited to) picking up prescriptions for you, changing appointments for you, discussing your medical information during phone consults, or being present during your visit with your provider and his staff.)

NAME

RELATIONSHIP

NAME

RELATIONSHIP

NAME

RELATIONSHIP

NAME

RELATIONSHIP

NAME

RELATIONSHIP

Patient's PRINTED Name

Patient's Signature

Date