

Dear Patients,

Effective October 15, 2002, the government has issued new regulations concerning patient confidentiality with the release of patient information. We are unable to release information to another individual without written authorization from the patient. If you have a spouse, parent, child, or other family member(s) you would like us to release medical information to, please complete the information below. The information may include laboratory tests, procedures, appointments, insurance information, and other medical information.

If you have any questions please feel free to ask.

Thank you for your cooperation in this matter.

Sincerely,
Zaigham A. Butt, MD

Yes, I authorize you to release my information with/without my presence.

No, I do not authorize you to release any of my information.

PATIENT NAME: _____ DOB: _____

I RELEASE AUTHORIZATION TO: _____

RELATIONSHIP TO PATIENT: _____

CONTACT NUMBER: _____ DATE OF BIRTH: _____

I RELEASE AUTHORIZATION TO: _____

RELATIONSHIP TO PATIENT: _____

CONTACT NUMBER: _____ DATE OF BIRTH: _____

PATIENT'S SIGNATURE: _____

DATE: _____