AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Gruene Lake Medical
948 Gruene Road, #140, New Braunfels, TX 78130 | Phone: 830-627-2700

Patient Information

Patient Name: _____

Date of Birth: _____ Phone: _____

I Authorize Disclosure To:

(List all individuals or organizations authorized to receive your health information)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Information to be Disclosed

■ All medical records ■ Specific information (describe below):

_____

_____

Expiration

This authorization expires on: _____ or ■ Upon my written revocation

Signature

Patient Signature: _____ Date: _____