COMMUNITY FAMILY CLINIC, PLLC

784 HIGHWAY 36
FRENCHBURG, KENTUCKY 40322
PHONE: 606.768.9190
FAX: 606.768.9180

125 FOXGLOVE DRIVE, SUITE D
MT. STERLING, KENTUCKY 40353
PHONE: 859.498.3333
FAX: 859.498.3332

17 MILLER DRIVE
OWINGSVILLE, KENTUCKY 40360
PHONE: 606.674.3033
FAX: 606.674.3036

Authorization for Release of Medical Information to Others

I hereby authorize Community Family Clinic, PLLC to discuss with and/or release information to the following person(s). This includes your spouse if you want them to have access to your medical information. Also, children 18 years or older must give permission for their parents to have access to their information.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please check the following information you allow to be discussed or release

□ Care and Condition	□ Pick up Drug Samples	□ Test Results
□ Pick up Prescriptions	□ Pick up Forms	□ Insurance

This document shall remain in effect until it is revolved by my written notification.

Name _____ DOB _____

Signature _____ Date_____

Witness _____ Date _____