TEST, PATIENT (id #1, dob: 05/01/2018)

Consent for Release of Information to Family Member/Caregiver

Do you want to disclose your protected health information to a family member/caregiver?	

Consent for Release of Information to Family Member/Caregiver

I understand that it is my responsibility to notify Physicians & Surgeons Clinic of any changes to the provided information. If changes do occur, I understand that I must file in writing another Consent for Release of Information to Family Member/ Caregiver.

I understand that I may revoke this consent at any time by submitting a written revocation except to the extent that action has already been taken by Physicians & Surgeons Clinic reliance on my consent.

This Consent for Release of Information to Family Member/Caregiver will remain in full force and effectunless changed or revoked by me in writing.

Relationship to Patient	
Please specify	
Name	
Signature	(no signature)