RELEASE OF PERSONAL HEALTH INFORMATION

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BRIDGETON, NJ 08302
856-455-6770
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I,______________________________, give my permission to:

PATIENT'S NAME

____.

NAME OF PERSON TO RECEIVE *PHI*

PLEASE CHECK ALL THAT APPLY:

________ MAKE & RECEIVE PHONE CALLS REGARDING MY *PHI* IN MY ABSENCE

________ PICK UP FORMS, PRESCRIPTIONS, REFERRALS AND/OR SAMPLES FOR ME IN MY ABSENCE

________ RECEIVE BILLING INFORMATION

PLEASE INCLUDE ANY ADDITIONAL RELEASE OF PHI THAT IS NOT INCLUDED ABOVE

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PATIENT'S SIGNATURE:______________________________________

TODAY'S DATE:____