



Consent To Release Information

I, _____, give my informed consent for
Dr. _____ to make contact with the following parties :

regarding the treatment of _____.

I consent to:

- verbal contact only
- written contact only
- both verbal and written contact
- a release of my records to the afore mentioned parties

Responsible Party's Signature

Printed Name

Date

Witness Signature

Printed Name

Date



Consent To Obtain Information

I, _____, give my informed consent to the following parties: _____

to provide information to Dr. _____ regarding the treatment of _____.

I consent to:

- verbal contact only
- written contact only
- both verbal and written contact
- a release of my records to the afore mentioned parties

Responsible Party's Signature

Printed Name

Date

Witness Signature

Printed Name

Date