

Southern Maine Integrative Health Center, LLC

69 York St., Suite 4 Kennebunk, ME 04043

T 207-985-3079

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize Dr, Patrick Mulcahy to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information

Other: _____

Please print the telephone number where you want to receive calls about your appointments, labs, and x-ray results, or other health care information if other than your home or work number (such as cell phone number*)

*I am fully aware that a cell phone is not a secure and private line. _____

Patient Signature: _____ Date Signed: _____