RELEASE OF INFORMATION FORM INSTRUCTIONS:

For **yourself(adult patient)** OR **minor child 14 years old and over**:
- First blank: patient's name
- Second blank: leave blank
- Check ENTIRE RECORD, or OTHER ITEM and then list specifically what information can be released (appointment times, billing information, etc.).
- TO/FROM is the default. If you only want to specify one, then circle it.
- Enter the name, address and phone numbers of person or business we will be communicating with (spouse, parent, guardian, provider, etc).
- Select the reason for this release.
- Read the statement inside the box and initial.
- The default termination date for this Release will be 12 months from the date signed, if you would like a different date, delete "NA", and enter chosen date on the blank.
- Patient sign/e-sign (type) and date form.

For **child under 14** OR **an adult you have guardianship / power of attorney for**:
- First blank: guardians name.
- Second blank: patients name.
- Check ENTIRE RECORD, or OTHER ITEM and then list specifically what information can be released (appointment times, billing information, etc.).
- TO/FROM is the default. If you only want to specify one, then circle it.
- Enter the name, address and phone numbers of person or business we will be communicating with (spouse, parent, guardian, provider, etc).
- Select the reason for this release.
- Read the statement inside the box and guardian initials.
- The default termination date for this Release will be 12 months from the date signed, if you would like a different date, delete "NA", and enter chosen date on the blank..
- Parent/Guardian sign/e-sign (type) and date form.