

GEORGETOWN INTERNAL MEDICINE

Release of Information For a Third Party who is Involved the Individual's Care And for Notification Purposes

Georgetown Internal Medicine ("GIM") recognizes that there are interactions between GIM and the patient that are relatively informal. With your permission, GIM may disclose information to individuals involved in your current health care.

PATIENT NAME: _____

DATE OF BIRTH: _____

You are giving permission for us to release your information to those listed below:
Please give name and phone number and relationship.

	Name	Phone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I understand that I have the right to revoke this authorization at any time by notifying GIM. I also understand that my revocation is not effective to the extent that the persons I have authorized to disclose my protected health information have acted in reliance upon this authorization. **This authorization will remain in effect until I revoke it.**

I also understand that completion of this release form is solely voluntary and that I may object to any individual being permitted access to my protected health information.

Signature of Patient

Date