

116 Westminster Pike, Suite 100 Reisterstown, MD 21136

**410-833-9300** fax 855-485-4166

## Authorization to Disclose Health Information

I,	grant permission for the following person(s) to
obtain information regarding medica information or prescriptions regarding	al care, speak with the provider and/or staff and pick up anying the patient listed above.
Name	Relationship
Signature of Patient	Date