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PERMISSION TO RELEASE CONFIDENTIAL MEDICAL INFORMATION TO A FAMILY MEMBER, FRIEND OR LEGAL REPRESENTATIVE

IMPORTANT NOTE: The law prohibits release of confidential Medical information to any entity without the written, voluntary consent of the undersigned patient.

Name of Patient: _____

Date of Birth: _____

I give permission for Dr. Poly Chen, or his designated representative to communicate information about my medical condition and treatment to:

Table with 3 columns: Name, Phone, Relationship. It contains four rows of blank lines for entering representative information.

Signature of Patient _____ Date _____

Signature of Representative _____ Date _____

Printed Name of Representative _____ Relationship _____