



PO Box 1611 , Tupelo, MS 38802
Phone: 662-260-4543

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to
release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

All healthcare information

Other: _____

Patient Signature: _____ Date Signed: _____