

PHONE: 802.770-1805
FAX: 802.773.4876

MARBLE VALLEY HEALTHWORKS
8 COMMONS STREET, RUTLAND, VT 05701

Bruce Bullock, MD
Seth Coombs, MD
Suzanne Jones, PA-C

Medical Information Release Form

Name: _____ Date of Birth: ____/____/____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse _____

Child(ren)

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Other _____

Information is not to be released to anyone.

This **Release of Information** will remain in effect until terminated by me in writing.

Messages

Please call: my home my work my cell Number: _____

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

The best time to reach me is (day) _____ between (time) _____

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____